



Virginia Military Survivors & Dependents Education Program (VMSDEP)

VMSDEP RE-CALCULATION REQUEST FORM

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First Name MI Last Name Date of Birth

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Address City State Zip

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Telephone Email

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Veteran's Full Name

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Current Attending Virginia Public College or University

I am requesting a re-calculation of my VMSDEP benefits for the following reason:

- I was not enrolled for one or more semester(s).
- I paid for a semester out-of-pocket. If so, which semester(s): _____
- Other: _____

To the best of my knowledge, I have used VMSDEP benefits at the following colleges/universities:

Name of School	Semester(s) Attended

Please allow 10 business days for processing.
We will contact you via email with your remaining benefits balance.

Signature: _____ Date: _____

Please email the completed form to vmsdep@dvs.virginia.gov.

Department of Veterans Services
 Virginia Military Survivors & Dependents Education Program (VMSDEP)
 James Monroe Building, 101 N. 14th Street
 Richmond, VA 23219
 (804) 225-2083
vmsdep@dvs.virginia.gov