Southeastern Baptist Theological Seminary

Military Rate Request Form

Personal Information

Name: _____ _____ _____
Last First Middle

Social Security (Last 4 Numbers): _____ Student ID: _____

Phone: _____ E-mail: _____

Branch of Service

____Air Force ____Army ____Coast Guard ____Marines ____Navy

Duty Status

____Active Duty ____Reserves/National Guard ____Veteran

Documentation You Plan to Provide

_____ DD-214

_____ Military Orders

_____ End of Month LES

*You must submit one of these forms of verification before the military tuition rate will be applied to your account

Military Benefits You Receive (If any)

_____ Chapter 30: Montgomery Bill: Current/Former Active Duty

_____ Chapter 31: Vocational Rehabilitation

_____ Chapter 33: Post 9/11 GI Bill

_____ Chapter 35: Dependents' Educational Assistance Program (DEA)

_____ Chapter 1606: Montgomery Bill: Selected Reserve

_____ Chapter 1607: Montgomery Bill: Reserve Educational Assistance Program (REAP)

_____ Other (please describe): _____

_____ None

Signature: _____ **Date:** _____