



Verification of VA Enrollment
(Graduate Students Only)

1. This form must be completed at the beginning of each enrollment period (Fall, Spring, Summer) by graduate students who wish to receive veterans' benefits.
2. VA will only pay for courses that apply toward your degree program.

NAME: _____ **SS#:** _____
 Last First M.I.

Term: _____ **Year:** _____ **Major:** _____

SCHEDULE OF ENROLLMENT

CRN	DEPT	COURSE	SECTION	COURSE NAME	REQUIRED COURSE: YES or No

STATEMENT BY STUDENT

I understand that in order to be eligible to receive the full-time rate for veterans' benefits, I must be enrolled in 12 semester hours for undergraduate students and 9 semester hours for graduate students for the fall and spring semesters.

I also understand that if I withdraw from one or more of my courses after the end of the school's drop period, VA will reduce or stop my benefits on the date of the reduction or withdrawal. If I withdraw from a course after the end of the drop period, I may have to repay all benefits for the course unless I can show that the change was due to mitigating circumstances.

Date

Student Signature

*****Must be signed by University Official before returning to the Registrar's Office*****

STATEMENT OF UNIVERSITY OFFICIAL

I certify that a minimum of _____ semester hours of the courses listed above for the current period of enrollment apply toward meeting degree requirements for the degree option named.

Date

Advisor or Department Chair Signature

Please return to: **BECKY FINLEY – REGISTRAR'S OFFICE, Kent Wyatt Hall 152, Cleveland, MS 38733 (662)846-4042 phone or (662)846-4016 fax.**