MISSISSIPPI STATE UNIVERSITY
VERIFICATION OF VA ENROLLMENT

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

NAME:_____ **MSU ID#:**_____
Last First M.I.

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

SCHEDULE OF ENROLLMENT

SYMBOL	NUMBER	SECTION	COURSE DESCRIPTION REQUIRED COURSE: YES OR NO

STATEMENT BY STUDENT

I understand that in order to be eligible to receive the full-time rate for veteran's 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. Summer School training time varies based on the number of hours enrolled.

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 **Signature of Student**

_____

*****Must be signed by University Official before returning to the Center for America's Veterans*****

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 Head Signature**

Please return to: Melanie Owens, Veterans Administration Supervisor, 126 Magruder St., P. O. Drawer 6283, Mississippi State, MS 39762, Mail Stop: 9756.
PHONE: (662) 325-2024, FAX: (662) 325-6723, e-mail: mowens@saffairs.msstate.edu.