

Office of Veteran Affairs: Benefit Recertification

NAM	E	_ SS#	·	
I wish	to use my VA benefits under Chapter _	for the	, semester of 20,	
MAJOF	IOR ACTIVE DUTY: Yes / No			
this for Mississ	m is completed and returned to the Office sippi Delta Community College SCO perms this document I accept the following requ	of Veterans Affairs. hission to certify elig	By signing this document, I give the	
•	The classes I am certifying for are part of If I enroll in courses not listed on the deg Each semester after registration, I will be If there are classes, that I do not want cerstating such or list them at the bottom of I am aware that the VA payments are pair the month of September at the beginning I am aware that the SCO will certify me a of the delay in payments. Example: If I are payment the beginning of October. I will notify the SCO of any changes to make the Reduction of my course load could affect receive. In this instance, if a debt is cause Not attending or withdrawing from course responsible to repay.	gree plan, they will a ing a schedule to my tified, I will inform this form with speci d in arrears. Example of October, etc. after the add/drop per certified at the beart my VA benefits by ed I resume all responses	not be certified. y SCO. the SCO with a written document fic direction. le: The student receives payment for eriod of the new term and I am aware ginning of September, I will receive ess, status, or degree plan. y reducing or stopping the amount I ensibility regarding repayment.	
Student	Signature		Date	

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.