



Office of Veteran Affairs: Benefit Recertification

NAME _____ **SS#** _____ - _____ - _____

I wish to use my VA benefits under **Chapter** _____ for the _____ semester of 20 _____,

MAJOR _____ **ACTIVE DUTY:** Yes / No

I, _____, understand that no certification form will be sent to the VA until this form is completed and returned to the Office of Veterans Affairs. By signing this document, I give the Mississippi Delta Community College SCO permission to certify eligible classes. I am also aware that by signing this document I accept the following requirements:

- The classes I am certifying for are part of my current degree plan.
- If I enroll in courses not listed on the degree plan, they will not be certified.
- Each semester after registration, I will bring a schedule to my SCO.
- If there are classes, that I do not want certified, I will inform the SCO with a written document stating such or list them at the bottom of this form with specific direction.
- I am aware that the VA payments are paid in arrears. Example: The student receives payment for the month of September at the beginning of October, etc.
- I am aware that the SCO will certify me after the add/drop period of the new term and I am aware of the delay in payments. Example: If I am certified at the beginning of September, I will receive payment the beginning of October.
- I will notify the SCO of any changes to my enrollment, address, status, or degree plan.
- Reduction of my course load could affect my VA benefits by reducing or stopping the amount I receive. In this instance, if a debt is caused I resume all responsibility regarding repayment.
- Not attending or withdrawing from course/courses could cause a VA overpayment that I am responsible to repay.

Student Signature

Date