

MISSISSIPPI UNIVERSITY FOR WOMEN

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 Veteran's benefits.
2. VA will only pay for courses that apply toward your degree program.

NAME _____ MUW ID _____
Last *First* *M.I.*

Term _____ Year _____ Major _____

SCHEDULE OF ENROLLMENT *(Please note any courses that are electives.)*

Symbol	Number	Section	Course Title	Required Course	Yes	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 any semester planning to receive VA benefits.

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 of 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.

Student Signature _____ Date _____

*****Must be signed by University Official before returning to the VA Certifying Official in 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.

 Advisor or Department Chair Signature

 Date