



The University of Mississippi

VETERAN BENEFIT COURSE APPROVAL SHEET

Name _____ Student ID _____

Term _____ Year _____ Major _____

Course Prefix & Number	Course Title	Required Course: Yes or No

STATEMENT BY STUDENT

I understand that by withdrawing from one or more of my courses could cause the VA to reduce or stop my benefits creating an overpayment in which I am responsible.

The VA will only pay for courses that apply toward my degree program.

I have completed and signed this form plus had it reviewed and signed by my advisor.

The completed form must be returned to the Registrar Office by the end of the current semester.

Failure to return this form will cause a hold my student records.

Signature of Student

Date

STATEMENT BY 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 Head Signature

Date

Please return to: University of Mississippi
Office of the Registrar
P.O. Box 1848
University, MS 38677
Phone: 662-915-7792
Fax: 662-915-7793