

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

COURSE APPROVAL SHEET FOR VA BENEFITS

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Program: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Courses are:    In Residence (UMC)                      On Line Coursework

Course Prefix & Number	Course Title	Required Courses Yes or No

STATEMENT OF UNDERSTANDING

Return completed Course Approval Sheet along with the Certification for VA Benefits form to the VA representative in the Enrollment Management Office. Failure to return completed forms can cause a delay in receiving my VA benefits. The VA will only pay for courses that apply toward my degree program. Reduction in my course load could affect my VA benefits by reducing or stopping the amount of benefits I receive. The VA could create overpayments for not attending or withdrawing from a course/courses that I am responsible to repay.

\_\_\_\_\_  
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.

\_\_\_\_\_  
Academic Advisor of Department Head Signature

\_\_\_\_\_  
Date