



Veteran Resource Center VA Education Benefits Certification



Student Information

Name:

Delta ID

Veteran File #:

Address:

City:

State:

Zip:

Email:

Phone Number:

Chapter (Select One)

☐ 33 Post 911/GI Bill

☐ 31 Vocational Rehab --Voc Rehab Counselor Name:

☐ 1606 Reservist

30 Montgomery GI Bill

☐ 35 Dependent/Spouse

Registration Information

List only courses that you wish to be certified and are included on your Educational Plan.

Semester: ☐ Spring:

☐ Summer:

☐ Fall:

CLASS TITLE	For office use only: Class dropped, added, late start, additional notes, etc
Ex: ENG 1A or READING AND COMPOSITION	

Student Agreements

I certify that ...	Initials
1. I am legally enrolled in the above courses and I am not repeating any course which I have previously received credit.	
2. I understand that if I withdraw from any or all of my courses or obtain all F's at the end of the semester, adjustments to my end of course dates may be adjusted according to the last day of attendance and it may result in a dept with the U.S. Department of Veterans Affairs	
3. I understand that I am required to inform the Veterans Resource Center of any changes to my schedule during the semester. Failure to do so may result in an overpayment on my part which may result in a debt with the U.S. Department of Veterans Affairs.	
4. I am confirming that all of the information above is current and correct.	

SIGNATURE

DATE