# William Carey University
## Registrar's Office

710 William Carey Parkway • Hattiesburg, MS 39401

# VA STUDENT VERIFICATION OF ENROLLMENT

At the beginning of **each** enrollment period (fall, winter, spring, summer), any student receiving veterans' benefits **must** complete this form, obtain his/her **advisor's signature**, and return it to the Registrar's Office for filing.

Remember: VA will pay only for courses that apply toward your degree. Therefore, you must inform the VA certifying official in the Registrar's Office when you change your major, and a new verification form must be completed and signed by your new advisor. **Failure to return this form signed by the advisor will result in termination of certification by the certifying official.**

Name: _____ Student ID# _____
Last First Middle Initial

Term:_____ Year: _____ Degree: _____

Major:_____ Minor:_____

**CLASS SCHEDULE:**

| Course Prefix | Course Number | Sec | Hrs | Course Title | Applies to Degree Program Yes | No |
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### STATEMENT BY STUDENT

I understand that in order to be eligible to receive veterans' benefits, I must be enrolled in course work leading toward my stated degree objective during each fall, winter, spring, and summer trimester, and that I will receive payment as determined by the VA according to my enrollment status.

Student's Signature: _____ Date: _____

### STATEMENT OF ADVISOR OR DEPARTMENT HEAD

**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.**

Signature of Advisor or Department Head_____ Date: _____

Title and Department_____

01/2020