Declination of Certification of Benefits

Please complete this form to the best of your ability. Your signature below indicates that you understand you will be financially responsible for the classes listed, for the term indicated. Should you choose, you may request that this request be withdrawn or modified at any time during the term indicated.

<table>
<thead>
<tr>
<th>Student ID Number</th>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
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Indicate the term that will be affected:

Semester: _______________ Year: _______________

Please check the box of the VA and/or Hazlewood benefit that will be affected.

- VA Chapter 30, Montgomery GI Bill
- VA Chapter 31, Vocational Rehabilitation Education Program
- VA Chapter 33, Post-9/11 GI Bill (Transferred Benefit)
- VA Chapter 33, Post-9/11 GI Bill (Service Member)
- VA Chapter 35, Dependent’s Educational Assistance
- VA Chapter 1606, Montgomery GI Bill – Select Reserve
- VA Chapter 1607, Reserve Educational Assistance Program
- Hazlewood - Veteran
- Hazlewood - Legacy
- Hazlewood – Spouse or Child

☐ I wish to decline benefits for all my courses
☐ I wish to ONLY decline benefits for:

<table>
<thead>
<tr>
<th>CRN</th>
<th>NAME</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 18768</td>
<td>Example: HIST</td>
<td>Example: 1301</td>
</tr>
</tbody>
</table>

If I make changes to my schedule, I must notify the MSSC.

Signature: ___________________________ Date: __________________

I verify that the above is true to the best of my recollection and understand that I will be financially responsible for the classes listed above.