



MILITARY STUDENT SUCCESS CENTER

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 Should you choose, you may request that this request be withdrawn or modified at any time during the term indicated.

Student ID Number	Last Name	First Name

Indicate the term that will be affected:

Semester: _____ Year: _____

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

<input type="checkbox"/>	VA Chapter 30, Montgomery GI Bill®
<input type="checkbox"/>	VA Chapter 31, Vocational Rehabilitation Education Program
<input type="checkbox"/>	VA Chapter 33, Post-9/11GI Bill® (Transferred Benefit)
<input type="checkbox"/>	VA Chapter 33, Post-9/11 GI Bill® (Service Member)
<input type="checkbox"/>	VA Chapter 35, Dependent’s Educational Assistance
<input type="checkbox"/>	VA Chapter 1606, Montgomery GI Bill® – Select Reserve
<input type="checkbox"/>	Hazlewood - Veteran
<input type="checkbox"/>	Hazlewood - Legacy
<input type="checkbox"/>	Hazlewood - Spouse or Child
<input type="checkbox"/>	TA - Tuition Assistance

I wish to decline benefits for all my courses

I wish to ONLY decline benefits for:

CRN	NAME	NUMBER	CRN	NAME	NUMBER
Example: 18768	Example: HIST	Example: 1301			

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

Initials of employee receiving form _____

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.