

I, _____, SSN _____-____-_____ agree to comply with the following procedures and regulations to receive Veterans Benefits while attending MDCC.

1. I understand that I must complete all admissions requirements before my enrollment certification can be submitted. I also understand that it is my responsibility to verify that I have met all the requirements. Admissions requirements include:
 - a. Application for Admission / Readmission
 - b. Transcripts:
 1. Official High School Transcript (if less than 12 academic college/university hours) or
 2. General Equivalency Diploma (GED) or
 3. College / University Transcript (one official transcript from each previously attended college)
2. I certify that I am not repeating a course for which I have previously received credit, at this institution or any other institution. I also understand that I will not be certified for courses that are not in my program of study.
3. I understand that I must recertify each semester by completing a Benefit Recertification form in the VA office after I have paid my fees and received a computer printout of my class schedule.
4. I understand that I must report any changes made to my schedule of classes to the Office of Veterans Affairs directly and immediately. I understand changes to my schedule may affect my benefits. Changes include change of major, audits, additions, drops, withdrawals, changing from one course to another, etc. I further understand that such changes made to my schedule through the normal school process do not constitute notification to the Office of Veterans Affairs. Failure to notify the VA Office of changes in a timely manner may result in overpayment for which I am responsible.
5. I understand that I must adhere to the absentee policy as printed in the college catalog. Failure to do so will affect my enrollment status, which may reduce or terminate my VA educational benefits and may result in an overpayment for which I am responsible.
6. I understand that it is my responsibility to read the college's policies and procedures in the catalog and student handbook and submit all required documents to the SCO in a timely manner.
7. I understand that timely communication of information concerning my benefits requires that I advise the Office of Veterans Affairs in writing of any change of name, address, or phone number.
8. I understand that my school certifying official will contact me through my student email account in which I am responsible to check regularly so I am properly informed of information regarding my benefits.
9. I am aware that the SCO will certify me after the add/drop period of the new term and I am aware of the delay in payments. There may be exceptions if necessary. Example: If I am certified at the beginning of September, I will receive payment the beginning of October.
10. I understand that the VA payments are paid in arrears. Example: The student receives payment for the month of September at the beginning of October, etc.

Recipient's Signature

Date