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Request for Delay of VA Benefit

NAME:				
Last		First	MI	
UA SID:				
receive no \ count toward	/A benefit dur d my total mo	ing this period oths of benefit	of time and thats s used but will s	I understand that I will at this period of time will not still be counted in the total om date of separation).
SEMESTER:	Fall	Spring	Summer	YEAR:
register for	the following	semester, a ce	ertification will	listed above and that, if I be submitted to the VA elay of Benefit.
SIGNATURE:				DATE: