2015-2016 Veteran Academic Advisor Certification

Indicate the term you are enrolling for benefits:

___Fall 2015   ___Spring 2016

This form must be completed each semester benefits are requested.

Section A – Montgomery GI BILL / Post 9/11 / DEA / Voc-Rehab / Ch. 1606/1607
- Certification of Enrollment

- List only the courses for which the student is currently registered.
- Indicate any course(s) taken that are remedial.
- For non-degree students, please indicate any courses that are required to enter a degree seeking program.

<table>
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<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Are courses applicable towards degree?</th>
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</table>

I certify that the courses mentioned above are applicable towards the degree for which the student is enrolled.

______________________________
Academic Advisor’s Signature
Date
Official Dept. Stamp

Section B – Student Signature    -----    Enter Your “UIN” Below

I certify that the information provided on this form and any attachments are true and correct.

Last Name: ____________________________ First Name: ____________________________ MI: __________
Street Address: __________________________ City: __________________________ State: ________ ZIP: __________
Current Telephone number: __________________________ Email: __________________________
Are you an Online student? _____Yes or _____No

Student Signature: __________________________ Date: __________________________

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