2014-2015 Veteran Academic Advisor Certification

Indicate the term you are enrolling for benefits:

____ Fall 2014    ____ Spring 2015

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>
<thead>
<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: ___________________________

ENTER YOUR 9-DIGIT UIN

1112 VETCTF B