UNIVERSITY OF ILLINOIS AT CHICAGO – Office of the Dean of Students

1200 W. Harrison Street, M/C 318 -- Chicago, Illinois 60607 -- Phone: (312) 996-1408 Fax: (312) 996-6088

Veteran Academic Advisor Certification

Indicate the term you are enrolling for benefits:

☐ Fall ____ ☐ Spring ____ ☐ Summer____

This form must be completed each semester benefits are requested.

Section A – Montgomery GI BILL / Post 9/11 / DEA / Voc-Rehab / Ch. 1606/1607/ Ch. 35 – Certification of Enrollment

- List only the courses for which the student is currently registered.
- Indicate any course(s) taken that are remedial, pre-requisite or taught online.

CRN	Course Title	Credit Hours	On-Line	Remedial	Pre-Requisite	Applicable to degree	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

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

_____
Academic Advisor Print Name

_____ _____ _____
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