



VETERANS ADVISORY FORM

The Veterans Administration regulations require that the University certify all courses used in determining the veteran's full-time equivalency status are applicable to the degree the veteran is pursuing.

Before certifying to the VA that you are enrolled, it will be necessary for you to file with this office the certification below. This form is self-explanatory; however, if you have questions please do not hesitate to contact our office at 405-744-6868 or 744-3665.

**AN ADVISORY FORM MUST BE COMPLETED FOR EACH SEMESTER YOU ARE ENROLLED.**

This form must be returned to the Veterans Services Office in order to assure no delay in VA certification which has a direct effect on your VA check.

**Student Identification**

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

\_\_\_\_\_

Student ID Number \_\_\_\_\_ VA File Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_

Major \_\_\_\_\_ Phone Number \_\_\_\_\_

Enrollment Status:  Undergraduate  Graduate

VA Chapter:  30  31  33  35  1606  1607  Yellow Ribbon Participation

Enrollment Term (indicate semester and year): Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Course Abbreviation	Course Number	Credit Hour	Acceptable Degree Credit		Comments <i>Please include all substitution(s), remediation(s), etc.</i>
			Yes	No	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**I acknowledge that the major listed above is correct and I am currently enrolled in the courses listed.**

**Student Signature:** \_\_\_\_\_

**I certify that the courses listed above will apply toward a degree in the major field indicated unless otherwise noted.**

**Academic Adviser Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*OSU-Tulsa students:** Return to Ashley Lorenz, North Hall Room 130 for transmission to OSU Stillwater Veteran Benefit office.