Please Return to VA Coordinator, located in the Grady Clack building, failure to do so could result in a delay in certification.

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 918-293-4972.
- **AN ADVISORY FORM MUST BE COMPLETED FOR EACH SEMESTER YOU ARE ENROLLED .**

STUDENT IDENTIFICATION

_____ _____ _____ _____

Last Name First Name M.I. CWID

_____ _____ ***** Please check OKSTATE email for correspondence related to this certification**

Phone Number Major

Enrollment Status: ☐ AS ☐ AAS ☐ BT VA CHAPTER: ☐ 30 ☐ 31 ☐ 33 ☐ 35 ☐ 1606 ☐ 1607

Enrollment Term (**indicate semester & year**): Fall _____ Spring _____ Summer_____

Course Abbreviation	Course Number	Credit Hour	Acceptable Degree Credit – **Filled out by Advisor** Yes	No	**Comments (FILLED OUT BY ADVISOR): Please annotate all substitutions, electives, remediation's, etc.**	Academic Advisors Initials
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		

****** Is this the students graduating semester: _____** ****** Hours remaining for degree completion: _____**

I acknowledge that the major listed above is correct and I am currently enrolled in the courses listed above. I also understand if **any changes are made to the above courses I must submit a new Veterans Advisory Form. Failure to do so may affect my benefits.**

STUDENT SIGNATURE: _____ DATE: _____

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

ACADEMIC ADVISOR SIGNATURE: _____ DATE: _____

********* ANY SUBSTITUIONS MUST BE SIGNED BY DIVISION CHAIR *********

DIVISION CHAIR SIGNATURE (as applicable): _____ DATE: _____

********* VETERANS SERVICE OFFICE WILL SUBMIT TO REGISTRAR IF NEEDED*********

REGISTRARS SIGNATURE (as applicable): _____ DATE: _____