

Request for VA Enrollment Certification

TERM: _____

VA Chapter #: _____	VA File #: _____
Name: _____	OU Student #: G _____
Address: _____ *For change of address, complete VA Form 572.	
Telephone: (_____) _____	
(City) _____ (State) _____ (Zip) _____	
Major: _____ Undergraduate _____ or Graduate _____	
(Circle one: B.S. B.A. M.S. M.A.)	

COURSE CERTIFICATION

<u>Department & Course #</u>	<u>Course Title</u>	<u>Credit Hours</u>

NOTE: Designate with an R any courses being repeated.

ADJUSTMENT TO CERTIFICATION

<u>Add/Drop</u>	<u>Department & Course #</u>	<u>Course Title</u>	<u>Credit Hours</u>

FOR OFFICE USE ONLY

Term	Sent to	On	Cr. Hrs.	Cert #:
Term	Sent to	On	Cr. Hrs.	Cert #:

VA AGREEMENT

I request that the Office of the Registrar certify me for VA education benefits in accordance with the information I am providing on this sheet. I agree that I will have on file with the Office of the Registrar an up-to-date academic plan of study required for the completion of my degree program. I understand that to comply with VA regulations the Office of the Registrar cannot certify me for courses which do not appear on my official academic plan of study. I also understand that if I am on academic probation for two consecutive semesters my benefits may be terminated. I further agree to notify the Office of the Registrar of ALL changes in enrollment (add/drops, repeats, withdrawals, etc.) within 10 days of their occurrence. Further, I will provide official university forms to substantiate dates of such changes.

I understand that I must confirm my enrollment by completing a "sign-in" sheet at the Office of the Registrar during early registration (if you early register) or the first week of classes for each term or semester I am certified for, bringing with me proof of enrollment (i.e. registration forms, etc.) and that failure to do so, will result in cancellation of my benefits.

Signature

Date