MEMO TO:

FROM: Office of Veterans Affairs

SUBJECT: Dual Degree/Minor/Certificate

Name: ___________________________ UFID: ___________________________

For the purpose of VA certification, we are required to report how many of the student's earned credit hours will apply toward his/her degree objectives.

Please provide the information requested below and sign. The credit evaluation form should be returned to PO Box 114000/222 Criser Hall or fax to (352)846-2872. Failure to return this form will cause an interruption in the student’s educational benefits. If you should have any questions, please call us at (352)294-2948.

Student has ______ (A) semester hours earned to date.

______ (B) Provide current term registration credit hours.

______ (C) Review degree audit and add up all credits of remaining coursework the student needs to graduate for majors/minors/certs. Provide resultant number here.

______ (D) Enter sum of A + B + C here.

______ (E) Provide the total credits required for the student's degree program based on catalog year.

______(*) Subtract E from D. If the number is positive, provide it here. If the number is negative, enter zero here.

Name of Major/Minor/Cert and reason for adding additional degree objective:
________________________________________________________________________________
________________________________________________________________________________

__________________________       ____________________________       _______________
Signature                                                        Title                                                  Date

Office of the University Registrar, PO Box 114000, 222 Criser Hall, Gainesville, FL 32611-4000, (352)294-2948, FAX (352)846-2872

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