

Office of Student Veteran Services

222 Criser Hall PO Box 114000 Gainesville, FL 32611-4000 352-294-2948 352-846-2872 Fax www.veterans.ufl.edu

Signature	Date	
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	_	
	-	
Course Title		Course Number
The above named student is currently seeking a degree at the intends to take the following courses at the Secondary school courses will satisfy necessary degree requirements and will Florida.	ol during the te	erm listed above. These
TERM:		
SECONDARY SCHOOL NAME:		
PROGRAM:		
VA CHAPTER:		
STUDENT NAME:		
FROM: UF Student Veteran Services Office SUBJECT: VA Certification for Guest Student		

Please return this completed form to the VA Certifying Official at the Secondary School.