

**Graduation Extension  
FOR VA EDUCATION BENEFITS**

**1. STUDENT INFORMATION**

Student Last Name:	Student First Name:
Student ID #:	Last Four Digits of Student SSN:
Quarter:	Academic Year:

**2. DEGREE/CERTIFICATE PROGRAM**

<input type="checkbox"/> Certificate Program	<input type="checkbox"/> MA	<input type="checkbox"/> MD
<input type="checkbox"/> BA	<input type="checkbox"/> MS	<input type="checkbox"/> JD
<input type="checkbox"/> BS	<input type="checkbox"/> PhD	<input type="checkbox"/> Other: _____

Please indicate major: \_\_\_\_\_ \*If you have not yet declared major, indicate intended major.

**3. DEGREE REQUIREMENT – TO BE COMPLETED BY ADVISER**

For students to receive benefits from the Veterans Administration for coursework beyond the credit requirements previously determined by their department, the Veterans Education Benefits Office must provide the VA with additional information.

Quarter:	Course name and number/ SLN Code:	Required for degree/certificate program:	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate the reason additional time is needed and the anticipated graduation date:

**4. ADVISER SIGNATURE**

Adviser Name: _____	Email: _____
Adviser Signature: _____	Date: _____