



Request for Multiple Objectives
FOR VA EDUCATION BENEFITS

1. STUDENT INFORMATION

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

2. PRIMARY DEGREE/CERTIFICATE PROGRAM

Please indicate your degree or certificate program:
Certificate Program MA MD
BA MS JD
BS PhD Other:
Please indicate your major\* in your degree or the name of your program:
\*(if you have not yet declared a major, indicate your intended major)

3. CREDIT EVALUATION - TO BE COMPLETED BY ADVISER

Please review the student's degree plan to verify which degree requirements have been met, or need to be re-taken.
Total number of credits or CEUs required to earn degree/certificate:
Number of total credits or CEUs earned as of today, including transfer credits:
As of today, remaining number of credits or CEUs to earn including current quarter:

4. CONCURRENT PROGRAM

Please indicate your concurrent program:
Certificate Program MA MD
BA MS JD
BS PhD Other:
Please indicate your intended major, minor or the name of your concurrent program:

5. CREDIT EVALUATION CONCURRENT PROGRAM - TO BE COMPLETED BY ADVISER

Please review the student's concurrent program to verify which degree requirements have been met, or need to be re-taken.
Additional number of credits required for concurrent degree/certificate:
Remaining number of credits to earn including current quarter:
Total number of credits needed for both primary and concurrent degree/certificate programs:

## 6. ADVISER SIGNATURE

**I verify that the information I provided on this form is true and complete to the best of my knowledge.**

Adviser Name: \_\_\_\_\_ Email: \_\_\_\_\_

Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 7. STUDENT CERTIFICATION AND SIGNATURE

**I understand it is my responsibility to inform the Veterans Education Benefits Office if I change my schedule or program. If I do not, I may be overpaid benefits, which I will be obligated to return to the Department of Veterans Affairs. I authorize the Veterans Education Benefits staff to release information from my student record to the Department of Veterans Affairs.**

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_