



Graduation Extension FOR VA EDUCATION BENEFITS

1. STUDENT INFORMATION

Student Last Name: _____	Student First Name: _____
Student ID #: _____	Last Four Digits of Student SSN: XXX-XX- _____
Academic Quarter: _____	Academic Year: _____

2. DEGREE/CERTIFICATE PROGRAM

Please indicate your degree or 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 your major in your degree or the name of your program: _____

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.

Please indicate information for the courses still needed for the student to graduate:

Quarter/Academic Year:	Course name and number, or 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

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: _____

5. 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: _____