# Request for Primary Institution Letter

In order for the VA to pay for courses being taken at another institution, the Veteran Services Office at Texas A&M University must certify that the courses being taken at the other institution are required for the student's degree plan at Texas A&M University. Please **TYPE IN** the requested information below (**handwritten forms will NOT be accepted**), **have advisor sign the form verifying courses will be applied to students degree plan** and then submit this form to the Veteran Services Office via fax (979-847-9061), or in person (Room 205 of the Pavilion). The Veteran Services Office does not accept documents via email.

## Student Must Complete This Section

| **Student's Information** | |
|---|---|
| Student's UIN: | |
| Student's First Name: | |
| Student's Middle Name: | |
| Student's Last Name: | |
| Are you a Veteran, Active Duty, or Dependent? | |
| VA Chapter Benefit (1606, 30, 31, 33, or 35): | |
| Benefit Percentage (if Chapter 33): | |
| Student's SSN: | xxx-xx- |
| Veteran's SSN (Ch.35 recipients only): | xxx-xx- |
| Academic Term (Fall, Spring, or Summer) and Year: | |
| Academic Advisor Name*(signature needed at bottom of form): | |
| Degree Program or Major: | |
| **Other Institution's Information** | |
| Name of Institution: | |
| Student ID (at above institution) | |
| VA Certifying Official at Institution: | |
| Phone Number: | |
| Fax Number: | |
| Email Address: | |
| **Course Name & Number at Other Institution** | **Equivalent Texas A&M Course Name & Number** |
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**Go to www.tccns.org to find equivalent course names and numbers.**

## Texas A&M certifying official & advisor must complete this section

**NOTE TO CERTIFYING OFFICIAL AT CERTIFYING INSTITUTION:**

The courses listed above will be accepted to satisfy partial fulfillment of graduation requirements for the above degree at Texas A&M University. Please certify the above course(s) through the VA for the semester and year above. Feel free to contact me should you have any questions regarding the transfer of credits for this enrollment.

Printed Name of Certifying Official _____ Signature of Certifying Official _____ Date _____

Advisor's email address _____ *Signature of TAMU Advisor _____ Date _____

Veteran Services Office
Scholarships & Financial Aid
Texas A&M University
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PO Box 30016
College Station, TX 77842-3016