VA Certification Form for Location
To be submitted as part of certification to Veteran Services Office.

Student Name: _______________________________________  UIN: _______________________________

The Department of Veterans Affairs (VA) requires schools to report where students are attending the majority of the term they are certified.

Academic Advisor/Program Coordinator actions required:
• Complete each section below
• Sign the document confirming information is correct
• Return to student

Student actions required:
• Request Academic Advisor or Program Coordinator complete form
• Verify all sections of the form are complete
• Upload document in the Financial Aid Portal

The student must submit this completed form as part of the certification process. The information provided on this form plays a vital role in determining the housing stipend rate from the VA. If you have any questions or need any additional information please feel free to contact the Veteran Services Office, 979-845-8075 or veterans@tamu.edu.

THE FOLLOWING IS TO BE COMPLETED BY AN ACADEMIC ADVISOR OR THE PROGRAM COORDINATOR.

Advisor/Coordinator Name: _____________________ Department/Campus Office: ________________________
Title _______________________          E-Mail: __________________             Telephone: ___________________

Students’ Major/Minors: _________________________________________________________________________

Course Name: __________________       Semester: _________________      Year: _____________________

This student will be completing (circle one): internship / practicum / co-op / student teaching /cruise* / study abroad/ clinical/externship. List all locations student will be attending below:

Located in ______________________ (City, State) _________ (Zip Code) Dates______________________

Located in ______________________ (City, State) _________ (Zip Code) Dates______________________
*Location not required for Galveston cruise students.

Is this course mandatory?         ☐ Yes   ☐ No

This course is ______ credit hours.

This student will be working ________ hours per week toward course credit.

This student is recognized as a: ☐ Full   ☐ ¼   ☐ ½    ¼ -time by the Registrar’s Office

Advisor/Coordinator Signature: _______________________________________                Date: _______________