



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@tam.u.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 ¾ ½ ¼ -time by the Registrar's Office

Advisor/Coordinator Signature: _____ Date: _____