

**Veterans' Benefits Graduate Thesis/Research Verification of
Enrollment Form**

University of Alaska Fairbanks
Financial Aid Office
PO Box 756360
Fairbanks, AK 99775
Phone: 907-474-6228 or 1-888-474-7256
Fax: 907-474-7065

Date: _____

To: Chairman, Graduate Committee

From: VA Coordinator, UAF Financial Aid Office

Subject: Verification of Graduate Enrollment in Thesis/Research Credits

Graduate Students are entitled to VA Educational Benefits only if the courses they are enrolled in are a required part of their graduate degree program or if deficiency courses are necessary for acceptance into their program of study.

Please verify that the following enrollment has been approved by the student's committee as part of his/her overall graduate program.

Name: _____ SSN: _____

Degree Program: _____ is enrolled in _____ graduate
level credits and/or _____ undergraduate level credits for the (circle one) FALL
SPRING SUMMER 20____ Semester.

The courses are listed below:

<u>Course #</u>	<u>Title</u>	<u># of Credits</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Veterans' benefit enrollment status is (choose one) Full Time: _____ Time: _____
_ Time: _____ Less than _: _____

Additional Comments:

Printed Name, Graduate Committee Chair

Date

******Please return this form to the UAF Financial Aid Office, Room 101, Eielson**