Veterans' Benefits Concurrent Enrollment Form

University of Alaska Fairbanks
Financial Aid Office
PO Box 756360
Fairbanks, AK 99775
Phone: 907-474-6416 or 1-888-474-7256
Fax: 907-474-7065

Name: _____ _____
Last First MI **VA or SS #**

Address: _____ **Semester:** _____

_____ **E-Mail:** _____

_____ **Phone #:** _____

Degree Program: _____ **VA Chapter:** _____

Home Institution	**Host Institution**
_____UAF	_____UAF
_____UAA	_____UAA
_____UAS	_____UAS
_____OTHER (List Name and Address)	_____OTHER (List Name and Address)
_____	_____
_____	_____
_____	_____

The above named student requests that his/her concurrent enrollment at the above institutions be approved under Chapter 30,31,32,34 or 35 of Title 38, U.S.C. The courses listed below in which the student is enrolled at the **HOST** Institution are not conveniently offered at the **HOME** Institution at this time.

COURSE #	**SUBJECT**	**# OF CREDITS**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL:	_____

The **HOME** Institution will accept by transfer, credits from the **HOST** Institution when the grades of the above-completed courses are reviewed and accepted by the policies of the **HOME** Institution.

_____ _____
Certifying Official **Date**