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.

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<th>COURSE #</th>
<th>SUBJECT</th>
<th># OF CREDITS</th>
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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