



OFFICE OF THE REGISTRAR
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9500 GILMAN DRIVE
LA JOLLA, CALIFORNIA 92093-0022

Veterans Services (858) 534-0077 / Fax (858) 534-5723

What Chapter Benefits Will You Be Receiving? 30 31 33 1606 1607 35

UCSD VA Summer Student Enrollment Verification – Undergrad, Grad/Professional & SOM

Print Last Name _____ First _____ A _____ PID _____ College _____
 _____ 20____ - 20____
 Primary Major _____ Secondary Major _____ Minor _____

If your enrollment/classes change after submitting to the VA Office, please notify your VA Certifying Official in the VA Office at vao@ucsd.edu. **This form must be signed by Major Department(s) prior to obtaining signature from Academic Advising.**

Student Signature: _____ Date: _____

SUMMER SESSION I

Course #	Course Name	Units	***This section is to be completed by Advisors***
			<input type="checkbox"/> M <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> N/R <input type="checkbox"/> PR <input type="checkbox"/> R
			<input type="checkbox"/> M <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> N/R <input type="checkbox"/> PR <input type="checkbox"/> R
			<input type="checkbox"/> M <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> N/R <input type="checkbox"/> PR <input type="checkbox"/> R

SUMMER SESSION II Session BEGIN _____ END _____ # of Weeks _____ / # of Days _____

Course #	Course Name	Units	***This section is to be completed by Advisors***
			<input type="checkbox"/> M <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> N/R <input type="checkbox"/> PR <input type="checkbox"/> R
			<input type="checkbox"/> M <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> N/R <input type="checkbox"/> PR <input type="checkbox"/> R
			<input type="checkbox"/> M <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> N/R <input type="checkbox"/> PR <input type="checkbox"/> R

SPECIAL SESSION Session BEGIN _____ END _____ # of Weeks _____ / # of Days _____

Course #	Course Name	Units	***This section is to be completed by Advisors***
			<input type="checkbox"/> M <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> N/R <input type="checkbox"/> PR <input type="checkbox"/> R
			<input type="checkbox"/> M <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> N/R <input type="checkbox"/> PR <input type="checkbox"/> R
			<input type="checkbox"/> M <input type="checkbox"/> MI <input type="checkbox"/> GE <input type="checkbox"/> E <input type="checkbox"/> N/R <input type="checkbox"/> PR <input type="checkbox"/> R

M=Major MI=Minor GE=General Ed E=Elective N/R=Not Required PR=Pre Req. R=Remedial

TO BE COMPLETED BY DEPARTMENTAL ADVISOR(S) & COLLEGE ACADEMIC ADVISING

This student is requesting certification of Veteran Educational Benefits for classes taken at UCSD. Prior to certification, the courses must be verified by the major department(s), and college academic advising. Your signatures verify that the above courses **APPEAR ON THE DARS AS REQUIRED COURSES** and are applicable toward the **MAJOR/MINOR, COLLEGE, AND/OR GRADUATION REQUIREMENTS**. Completion of this form is required each quarter of attendance if VA certification is requested. If a course is not on the DARS under Department and/or College Requirement, please indicate below if course fulfills other requirements. **Please list all courses required for the Pre-Major.**

Primary Major Department Advisor _____ Advisor Signature _____ Date _____ Ext _____

Secondary Major Department _____ Advisor Signature _____ Date _____ Ext _____

Academic Advisor _____ Advisor Signature _____ Date _____ Ext _____