



# Veteran and Military Affairs

UNIVERSITY OF COLORADO  
COLORADO SPRINGS

Date: \_\_\_\_\_

Secondary/Guest School Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (SSN last 4: \_\_\_\_\_) is a Chapter \_\_\_\_\_ student at UCCS  
Student Name

The student is pursuing a: \_\_\_\_\_  
UCCS Degree Program (ie: BS Biology or MA Geography)

According to the UCCS program Academic Advisor, the course(s) listed below satisfy program requirements and will transfer at full value to the University of Colorado Colorado Springs.

Course name and number (ie: MATH 1040)	Term and year ( ie: summer 18)

The student intends to take the above course(s) at \_\_\_\_\_  
Secondary/Guest School Name

as a guest student. Please certify the courses to the VA as the secondary school.

Bring this form to your UCCS Academic Advisor

Bring this back to VMA if your Guest School requires a signature from the UCCS School Certifying Official

\_\_\_\_\_  
Academic Advisor's Name

\_\_\_\_\_  
School Certifying Official Name

\_\_\_\_\_  
Advisor' s Signature

\_\_\_\_\_  
SCO Signature

\_\_\_\_\_  
Advisor Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
SCO Email

\_\_\_\_\_  
Phone