Date: ____________________________

Secondary/Guest School Address:

_____________________________________
_____________________________________
_____________________________________

_____________________________

This is a Chapter ______ student at UCCS.

Student Name

The student is pursuing a: ______________________________________________________.

UCCS Degree Program

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.

<table>
<thead>
<tr>
<th>Course name and number (ie: MATH 1040)</th>
<th>Term and year (ie: summer 18)</th>
</tr>
</thead>
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</tbody>
</table>

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.

_____________________________________

Academic Advisor Name

_____________________________________

School Certifying Official Name

_____________________________________

Signature

UCCS Academic Advising

_____________________________________

Signature

UCCS Veteran and Military Affairs

719-255-3253  military@uccs.edu