VOCATIONAL REHABILITATION ACADEMIC WORKSHEET

The following information is very important in assessing the veteran's ability to complete a designated degree program at your institution (NOTE: THIS FORM SHOULD ONLY BE COMPLETED BY AN ACADEMIC ADVISOR AND SIGNED OFF BY THE VA CERTIFYING OFFICIAL AT THE SCHOOL).

PLEASE PRINT CLEARLY

Student's Name:______________________________________

Anticipated Enrollment Date:__________

1. Declared Degree Program:__________________________________.

2. Number of college credits required to obtain declared degree program: _______

3. Number of prerequisite courses required to complete: ______.

4. Number of college credit hours accepted from transfer credits towards new degree program: _____.

5. Number of credit hours remaining to complete degree program ______. after considering the transfer credits:

6. Anticipated date of completion (month / year) ____________________________.

7. Estimated yearly cost including tuition, fees and books: $ ____________.

8. Circle One: Semester or Quarter Hours – If other, please specify____________________.

9. Veteran's academic advisor's name, phone number and email address:
   NAME:_________________________________________________________________
   PHONE NUMBER:_______________________________________________________
   EMAIL ADDRESS:_______________________________________________________

Signature of Academic Advisor: ____________________________________________

10. Name and contact information of the School Certifying Official for your institution:
    NAME:_________________________________________________________________
    PHONE NUMBER:_______________________________________________________
    EMAIL ADDRESS:_______________________________________________________

Signature of SCO: _____________________________ Date: ________________