



DEPARTMENT OF VETERANS AFFAIRS  
Vocational Rehabilitation & Employment  
1722 I Street, NW  
Washington, DC 20421  
Ph: (202) 530-9170, Fax: (202) 530-9171

**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: \_\_\_\_\_