

UNT Veteran Certification Form for Location

To be submitted as part of certification to Student Veteran Services.

Student Name:			UNT ID#:		
The Department of Veterans Affa	airs (VA) requires s	chools to report wh	ere students are attending th	e majority of the	
term they are certified. The stude	•	-	•		
processing. Academic Advisor/In	•				
Complete each section bSign the document conf		is correct			
• Return form to Student	Veteran Services - I				
Registrar.Veterans@unt.edu Fax: 940-565-3441	a .				
This completed form must be sub					
part of the certification process. T stipend rate from the VA. If you I					
Student Veteran Services - Benef				ce to contact	
THE FOLLOWING IS TO BE CO	OMPLETED BY AN	ACADEMIC ADVI	SOR OR THE INTERN COC	ORDINATOR.	
Advisor/Coordinator Name:		_ Department/Cam	ous Office:		
Title	E-Mail:		Telephone:		
Student's Major/Minors:					
Course Name:	Semes	ster:	Year:		
This student will be completing (circ	cle one): internship / p	practicum / student te	aching / study abroad.		
List the location the student	will be attending	g below:			
Located in	(City, State)	(Zip Code)			
Is this course mandatory?	Yes	No			
This course is credit hours.					
This student will be working	hours per week	toward course credit			

Advisor/Coordinator Signature: