

UCCS OFFICE OF VETERAN AND MILITARY STUDENT AFFAIRS

RE: PARENT SCHOOL LETTER

NAME: _____	STUDENT ID #: _____
ADDRESS: _____	SSN: _____
CITY: _____	HOME PHONE #: _____
STATE: _____	UCCS EMAIL: _____
ZIP: _____	ACADEMIC MAJOR: _____

Please list the class, or classes, you will be taking at the guest school(s).

CLASS	COURSE #	TERM	INSTITUTION
eg. ENG	131	SPRING 08	PPCC

Signature: _____ Date: _____

Please have an academic advisor complete the following. Upon completion, return this form to the UCCS Office of Veteran and Military Student Affairs.

ACADEMIC ADVISING ONLY

Are the classes (or class) transferable to UCCS: YES / NO

Do the classes (or class) meet this student's academic program for this major: YES / NO

Advisor's printed name: _____

Advisor's signature: _____

Date: _____

Comments: _____
