

UNLV | MILITARY & VETERAN SERVICES CENTER

4505 Maryland Parkway Box 452003
 Las Vegas, Nevada 89154-2003
 Student Services Complex, Bldg. A, Third Floor, Room 311
 PHONE: (702) 895-2290 FAX: (702) 895-1145

UNLV PARENT LETTER FOR CONCURRENT SEMESTER ENROLLMENT (IN LIEU OF FL-315)

THIS FORM IS USED FOR CLASSES YOU ARE TAKING AT ANOTHER INSTITUTION THAT WILL BE ACCEPTED TOWARD YOUR DEGREE AT UNLV.

First Name _____ Last Name _____ MI _____ SSN _____
 VA File # _____ Chapter _____ Active Duty? Yes No
 Term Requested _____ Concurrent Institution _____

1. To be completed by you and your UNLV Academic Advisor.

| Subject | Course Number | # of credits | Course Name |
|---------|---------------|--------------|-------------|
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2. To be signed by student.

I understand that I am required to have transcripts sent to the parent institution (UNLV) at the end of each semester. Failure to do so may result in an overpayment by the Veteran Administration for which I will be responsible to repay. **Students are responsible for completing certification process through the certifying official at the concurrent institution.**

Student Signature _____ Date _____

3. To be signed by your UNLV Academic Advisor, Chair or Dean

I have approved this coursework for the student's degree program and the courses listed are required for graduation. The reason stated for NOT taking the course(s) here at UNLV is because: _____

Student's Degree: _____

Academic Advisor, Chair, or Dean Printed Name _____

Academic Advisor, Chair, or Dean Signature _____

Academic Advisor, Chair, or Dean Telephone # _____ Date _____

4. To be signed by UNLV Veteran's Certifying Official.

The above course(s) are required for graduation; the course(s) listed apply to the degree program above.

UNLV Certifying Official Signature _____