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SOCIAL SECURITY NUMBER

Z							
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FAU Z NUMBER

Florida Atlantic University

V.A. CERTIFICATION REQUEST



Office Use Only

Computer Input _____

Deferment Date _____

ET Date _____

NAME: _____
Last First M.I.

Local Mailing Address: _____

Daytime Phone: _____

Email Address: _____
(FAU Email preferred.)

Major Seeking: _____
(If SPECIAL PROGRAM applies, please indicate below.)

New Major? Yes No

Deferment? Yes No

IMPORTANT NOTE: Deferment is ONLY active for 60 days from the start of EACH semester.
(Only one deferment per academic year; CH31 EXCLUDED)

This form MUST be submitted before the drop/add deadline to receive deferment.

If you ONLY have 9 months left of V.A. Benefits, indicate how many months. _____

SPECIAL PROGRAMS:

- CEMB – Crisis Emergency Masters Business
- EVMBA – Environmental Masters Business Administration
- WMBA – Weekend Masters Business Administration
- WBBA – Weekend Bachelors Business Administration
- MSIB – Masters of Science International Students
- EMBA – Executive Masters Business Administration
- TX – Master of Taxation
- XA – Master of Forensic Accounting
- OTHER _____

BASIS:
(Check one)

- | | | |
|-----------------------------|---------|--------------------------|
| Montgomery Bill | CH30 | <input type="checkbox"/> |
| Vocational REHAB | CH31 | <input type="checkbox"/> |
| Post 9/11 GI Bill | CH33 | <input type="checkbox"/> |
| Spouse/Dependent of Veteran | CH35 | <input type="checkbox"/> |
| Reserves/National Guard | CH1606 | <input type="checkbox"/> |
| REAP | CH 1607 | <input type="checkbox"/> |

DEGREE PRESENTLY SEEKING

- | | |
|-----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Doctoral |
| <input type="checkbox"/> 2 nd Bachelor's | <input type="checkbox"/> Non-Degree/Transient |
| <input type="checkbox"/> Master's | <input type="checkbox"/> Teacher Cert. |
| <input type="checkbox"/> Specialist | |

V.A. File Number: _____
(CH35 ONLY):

I am enrolled _____ hours in the _____ Semester _____
(Term) (Year)
(FAU credits ONLY. If Concurrently Enrolled – complete Transient Student Form.)

For additional VA correspondence, please send email to
 vetedbenefits@fau.edu

 Signature Date