

— —
SOCIAL SECURITY NUMBER

Z
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 _____