

**The University Of Missouri-Kansas City
Registration & Records Office
Parent Institution Letter**

The Veterans Administration (VA) allows students to receive benefits for courses taken at another institution that will be applicable to a degree from UMKC. This form, when completed and approved:

- (1) certifies that the courses will be transferred as required or elective courses in the student's UMKC degree plan and,
- (2) authorizes enrollment certification for VA benefits by the institution identified on this form.

Name _____ SSN

--	--	--	--	--	--	--	--	--	--

 Last First Middle VA SSN _____
Dependents only

STUDENT SECTION	Degree Program _____	I wish to <input type="checkbox"/> Concurrent Student (Attending other institution & UMKC) enroll as a: <input type="checkbox"/> Transient Student (Attending other institution ONLY)
	Major _____	
	Minor _____	
	Catalog Year _____	
At: _____ (Name of non-parent institution)		
During: _____ Semester _____ Year _____		
The courses below will apply to my degree at The University of Missouri-Kansas City.		
PLEASE NOTE: It is your responsibility to inform each institution of any changes in your enrollment or degree program, and to submit the official transcript(s) to The University of Missouri-Kansas City, Office of Registration & Records, at the end of each semester.		

Student's Signature (required) _____ Date _____

PARENT INSTITUTION SECTION	NON-PARENT INSTITUTION SUBJ & COURSE #	PARENT SCHOOL SUBJ & COURSE #	REQUIRED	PREREQ/OR REMEDIAL	APPROVED ELECTIVE	NOT REQUIRED	

I certify that the course(s) listed above will transfer to the student's current degree plan at The University of Missouri-Kansas City (UMKC) subject to:
 --an official evaluation of an official transcript submitted to UMKC by the non-parent institution and
 --the student's having met the minimum passing grade for the course for his/her degree plan.

NAME & TITLE OF DEAN OR ADVISOR _____ SIGNATURE _____ DATE _____

NAME & TITLE OF VA CERTIFYING OFFICIAL _____ SIGNATURE _____ DATE _____

<p align="center">Disclosure of Social Security Number</p> <p>Disclosure of your social security number (SSN) is requested by the Registration & Records Office at the University of Missouri-Kansas City (UMKC). Voluntary disclosure of your SSN is requested for UMKC to report your enrollment verification to the Department of Veterans Affairs (VA). Without your SSN, your award (payment) may be delayed by VA.</p> <p align="center">NPI Contact Information</p> <p>NPI VA Certifying Official: _____</p> <p>Fax Number: _____</p>	<p align="center">UMKC OFFICE USE ONLY</p> <p>Date received: _____</p> <p>Received by: _____</p> <p>Mailed to NPI on: _____</p> <p>Mailed by: _____</p>
--	--