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.

---

**Student Section**

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>VA SSN</th>
</tr>
</thead>
</table>

**Degree Program**

- Major ____________
- Minor ____________

**Catalog Year**

At: ____________

(Name of non-parent institution)

**The courses below will apply to my degree at The University of Missouri-Kansas City.**

**During:** ____________

<table>
<thead>
<tr>
<th>Semester</th>
<th>Year</th>
</tr>
</thead>
</table>

**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**

<table>
<thead>
<tr>
<th>NON-PARENT INSTITUTION</th>
<th>PARENT SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBJ &amp; COURSE #</td>
<td>SUBJ &amp; COURSE #</td>
</tr>
<tr>
<td>REQUIRED</td>
<td>PREREQ/OR REMEDIAL</td>
</tr>
</tbody>
</table>

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** ____________

---

**Disclosure of Social Security Number**

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.

**NPI Contact Information**

<table>
<thead>
<tr>
<th>NPI VA Certifying Official:</th>
<th>Fax Number:</th>
</tr>
</thead>
</table>

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(Rev. 07-2010)