

For Students:

Fill out this form withyour name, U, '1 X P E H U, degree paonglicator arse s that yate enrolled in W K D W D U H Q R W G H J U H H D S S O L F D E O H Take this form to your Academic Advisor to have ur course s confirmed d this form signed.

For Academic Advisors:

Students are equired to fill this letter out if **a**ourse shows up under the Fallthrough category in DegreeWorks R U F R X U V H V D U H Q R.W L Q W K H L U F R X U V H F D W I The Office R/leteran Success School Certifying Team can only certify classes that apply to the Degree plan as it is listed in Banner and DegreeW & & R X U V.H & D W D O R J Please review the following excertipothem the Department of Veterans Affairs School Certifying Handbook:

OVS-certifications@usf.ed

mjacks@usf.edu

Date: To: School CertifyingOfficial of University of South Florida

Student:

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| Course Number | Course Name | Number of Credits |
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| Email: _ | |
| | Office of VeteranSuccess "Universityof SouthFlorida " 4202E FowlerAve, ALN 130, Tampa, FL 33620 " "Phone 813-974-2291 " Fax: 813-974-7199 " |