

Student Veteran/Dependent Receiving Benefits  
Parent Letter Request

Name: \_\_\_\_\_ UAFS ID: @ \_\_\_\_\_ UAFS Email: \_\_\_\_\_

I am:  Active Duty  Veteran  Reserve/Guard  Dependent Child  Spouse

Education Benefit:  30  33  35  1606  31 Career:  Undergrad  Graduate Term: \_\_\_\_\_

Current Degree Plan at UAFS: \_\_\_\_\_

Name of guest school: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

List the individual course taken at guest School: <b>ALL COURSES REQUIRED FOR UAFS DEGREE MUST BE TRANSFERRED AFTER EACH SEMESTER</b> *see below	List course Equivalent For University of Arkansas – Fort Smith(Ex: MATH 1403)

\*Students must make sure that all transcripts are sent to the University Of Arkansas - Fort Smith upon completion of each semester. If transcripts are not received by the Registrar’s office after the semester ends, any future Parent Letters will not be issued.

**UAFS Advisor:** Please certify that the student is currently enrolled in a degree program at University Of Arkansas – Fort Smith and the coursework listed above will be accepted toward completion of the student’s degree requirements.

\_\_\_\_\_  
Advisor’s Signature and Date

\_\_\_\_\_  
Printed Name

**Student:** By signing below you certify that you are enrolled in a program at the University of Arkansas – Fort Smith. You agree that you will have a transcript sent to the University of Arkansas – Fort Smith after the class (es) have been completed. All classes must be accepted by the Registrar’s Office in order to be considered as part of your degree program.

\_\_\_\_\_  
Student’s Signature and Date

\_\_\_\_\_  
Printed Name