



UW Bothell Graduation Extension
FOR VA EDUCATION BENEFITS

1. STUDENT INFORMATION

Student Last Name: _____	Student First Name: _____
Student ID #: _____	Last Four Digits of Student SSN: XXX-XX- _____
Academic Quarter: _____	Academic Year: _____

2. DEGREE/CERTIFICATE PROGRAM

Please indicate your degree or certificate program:

- | | | |
|--|------------------------------|--------------------------------------|
| <input type="checkbox"/> Certificate Program | <input type="checkbox"/> MA | <input type="checkbox"/> MD |
| <input type="checkbox"/> BA | <input type="checkbox"/> MS | <input type="checkbox"/> JD |
| <input type="checkbox"/> BS | <input type="checkbox"/> PhD | <input type="checkbox"/> Other _____ |

Please indicate your major in your degree or name of your program: _____

3. DEGREE REQUIREMENT – TO BE COMPLETED BY ADVISER

For students to receive benefits from the Veterans Administration for coursework beyond the credit requirements previously determined by their department, the UW Bothell Veterans & Military Educational Benefits Office must provide the VA with additional information.

Please indicate information for the courses still needed for the student to graduate:

Quarter/Academic Year:	Course name and number:	Required for degree/certificate program:	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate the reason additional time is needed and the anticipated graduation date:

4. ADVISER SIGNATURE

I verify that the information I provided on this form is true and complete to the best of my knowledge.

Adviser Name: _____ Email: _____

Adviser Signature: _____ Date: _____

5. STUDENT CERTIFICATION AND SIGNATURE

I understand it is my responsibility to inform the UW Bothell Veterans & Military Educational Benefits Office if I change my schedule or program. If I do not, I may be overpaid benefits, which I will be obligated to return to the Department of Veterans Affairs. I authorize the UW Bothell Veterans & Military Educational Benefits Office staff to release information from my student record to the Department of Veterans Affairs.

Student Name: _____

Student Signature: _____ Date: _____