Student Veteran/Dependent Receiving Benefits

Parent Letter Request

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Term**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am** \_\_\_Active Duty \_\_\_Veteran \_\_\_ Reserve/Guard \_\_\_\_\_ Dependent Child \_\_\_\_\_ Spouse

**Education Benefit**: \_\_\_ 30 \_\_\_ 33 \_\_\_\_35 \_\_\_\_1606 \_\_\_\_31 \_\_\_\_ REAP

**Career**: \_\_\_ Undergrad \_\_\_Masters \_\_\_PhD\_\_\_Law **Current Degree Plan**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am taking the following classes at (Child School): School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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| --- | --- |
| Course Taken at Child School: **ALL COURSES MUST BE TRANSFERRED AFTER EACH SEMESTER\*** see below | Course Equivalent For Parent School  (Ex: MATH 1204) |
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\***Students must make sure that all transcripts are sent to the University of Arkansas upon completion of each semester. If transcripts are not received by Registrar’s office after the semester ends any future Parent Letters will not be issued.**

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*Advisor or College Verifying Official*:

**Advisor or Certification Official**: Please certify that student is ***currently enrolled in a program*** and that all courses will be accepted by the Registrar’s Office as part of the student’s degree plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor or Certification Official UARK Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Only**: By signing below you certify that you are enrolled in a program at the University of Arkansas. You agree that you will have a transcript sent to the University of Arkansas 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature UARK Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_