DECLARATION OF PARENT INSTITUTION
VETERANS CERTIFICATION

Student’s Name _____________________________________________________   VA File No _____________________________________Chapter No _____
UT EID _______________________________________

Part A
TO BE COMPLETED BY THE APPLICANT
I have declared the University of Texas at Austin my parent institution while pursuing the degree of ________________________________, attending ________________, and applying for VA benefits.

☐ I have applied to the University of Texas at Austin and submitted all previous educational records.
☐ I have reapplied and submitted all educational records required by the University of Texas at Austin.
☐ I am currently enrolled at the University of Texas at Austin and am also taking courses toward my declared objective at the institution listed above.
☐ I have listed in Part B the courses I wish to have evaluated by the University of Texas at Austin.

Signature ___________________________________________________________________________________________   Date ________________ ________________________

Part B
TO BE COMPLETED BY THE OFFICE OF ADMISSIONS, THE UNIVERSITY OF TEXAS AT AUSTIN
The above named has applied or reapplied for admission and all prior educational records declared by the applicant have been evaluated.

The applicant is:  ☐ Admissible (subject to the statement below)  ☐ Not Admissible

Acceptance is under the condition that the applicant meets admission or readmission requirements as stated in the General Information catalog.
The courses listed below have been evaluated and are transferable to the University of Texas at Austin.

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<th>COURSE</th>
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<th>TITLE</th>
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Signature ___________________________________________   Printed name ___________________   Title __________

Date _________________ _____________________

Part C
TO BE COMPLETED BY THE ACADEMIC DEAN
To be completed only if the applicant has been declared Admissible by the Office of Admissions or the applicant is currently enrolled at the University of Texas at Austin.

The courses listed above, to be completed at ______________________________, are applicable toward the degree of ________________________________ at the University of Texas at Austin.

Signature ___________________________________________   Printed name ___________________   Title __________

Date _________________ _____________________

Part D
TO BE COMPLETED BY VETERAN CERTIFICATION SECTION OF THE OFFICE OF THE REGISTRAR
The information provided on this form has been approved for veteran benefits at the University of Texas at Austin. A copy of this certification is retained by the Office of the Registrar.

Signature ___________________________________________   Printed name ___________________   Title __________

Date _________________ _____________________

Notice Concerning Your Information
The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that the University of Texas at Austin collects about you. It also gives you the right to request a copy of that information and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University’s Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, TX 78713 (e-mail: cfo@www.utexas.edu).