# Veteran Success Center

### Veteran Education Benefits

# P.O. Box 6028

# 829-523-VETS (8387)

**VETS@nau.edu**

**2017-2018**

**Veteran Education Benefits – Concurrent / Supplemental Enrollment (VA Form #315)**

|  |  |
| --- | --- |
| Student Information | |
| Student Name: | Date: |
| NAU ID: | NAU E-mail: |
| Term: Fall Spring Summer 20 | Chapter #: Choose an item. |
| Program of Study: | NAU Facility Code: 11906103 |
| Secondary Institution: | Last 4 Digits of SSN#: |
| I will be enrolled at NAU during this period.  I will not be enrolled at NAU during this period. | |
| NAU Academic Advisor Name: | |

Before you can receive Veteran Education Benefits at NAU for courses taken at a concurrent institution, your NAU college/department must verify that they will give **full credit** for the courses you wish to take and that those courses will apply to your degree program. Once complete, NAU will submit this form to your concurrent institution.

**Important Notes:**

1. If you change your courses at the concurrent institution, a new Concurrent Enrollment form is required.
2. You are responsible for transferring the courses to NAU as soon as possible. Upon successful completion of these courses, NAU will grant full credit towards your degree program.
3. Courses can only be certified if they are mandatory for the degree and not duplicate courses.

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| --- | --- | --- | --- |
| *Enter the courses you will be taking for the term listed above at the secondary institution. Refer to* [*www.aztransfer.com*](http://www.aztransfer.com) *for course equivalencies.* | | | |
| **Catalog Number** | Credits | NAU Course Equivalent | NAU CourseCredit |
| *MAT 157* | *3* | *MAT 155* | *3* |
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**Student Certification:** By signing below, I acknowledge that I have read and understand the information on this form. I certify that all information on and submitted with my form is true and correct. My academic advisor has confirmed the above courses are required and will apply/transfer to my NAU degree. I will provide additional information if requested by the Veteran Success Center and/or the Office of Scholarships and Financial Aid.

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| --- | --- |
| **Student Signature:** | **Date:** |
| **NAU Certifying Official Name:** | |
| **NAU Certifying Official Signature:** | **Date:** |