VA Certification Form for Location
To be submitted as part of certification to Veteran Services Office.

Student Name: _______________________________ UIN: _______________________________

The Department of Veterans Affairs (VA) requires schools to report where students are attending the majority of the term they are certified.

Academic Advisor/Program Coordinator actions required:
• Complete each section below
• Sign the document confirming information is correct
• Return to student

Student actions required:
• Request Academic Advisor or Program Coordinator complete form
• Verify all sections of the form are complete
• Upload document in the Financial Aid Portal

The student must submit this completed form as part of the certification process. The information provided on this form plays a vital role in determining the housing stipend rate from the VA. If you have any questions or need any additional information please feel free to contact the Veteran Services Office, 979-845-8075 or veterans@tamu.edu.

THE FOLLOWING IS TO BE COMPLETED BY AN ACADEMIC ADVISOR OR THE PROGRAM COORDINATOR.

Advisor/Coordinator Name: ____________________________ Department/Campus Office: ____________________________
Title __________________________ E-Mail: __________________________ Telephone: __________________________

Students’ Major/Minors: ________________________________________________________________________________

Course Name: __________________ Semester: _________________ Year: __________________________

This student will be completing (circle one): internship / practicum / co-op / student teaching /cruise* / study abroad/ clinical/externship. List all locations student will be attending below:

Located in ______________________ (City, State) _________ (Zip Code) Dates_____________________

Located in ______________________ (City, State) _________ (Zip Code) Dates_____________________

*Location not required for Galveston cruise students.

Is this course mandatory? ☐ Yes ☐ No
This course is ______ credit hours.
This student will be working __________ hours per week toward course credit.
This student is recognized as a: ☐ Full ☐ ¾ ☐ ½ ☐ ¼-time by the Registrar’s Office

Advisor/Coordinator Signature: ____________________________ Date: __________________________

Upload this form to your Financial Aid Portal within Howdy
Emailed copies will not be accepted or processed.
Please contact our Aggie One Stop (AOS) team for questions.
Phone: (979) 847-1787
Contact Us Link: https://aggie.tamu.edu/resources/contact-us/contact-us