



**Student Veteran/Dependent Receiving Benefits
Parent Letter Request**

Name: _____ Student ID: _____ Term: _____

I am Active Duty Veteran Reserve/Guard Dependent Spouse

Education Benefit: 30 31 33 35 1606 1607

Career: Undergrad MPAS Graduate COM PHARMD

Current Degree Plan: _____

I plan on taking the following classes at (Child School): School Name: _____

Mailing Address: _____

Contact Person: _____ Email Address: _____

| 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 for Medical Sciences upon completion of each semester. If transcripts are not received by the Office of the University Registrar after the semester ends any future Parent Letters will not be issued.**



Student Only: By signing below you certify that you are enrolled in a program at the University of Arkansas for Medical Sciences. You agree that you will have a transcript sent to the University of Arkansas for Medical Sciences after the class(es) have been completed. All classes must be accepted by the Office of the University Registrar in order to be considered as part of your degree program.

Student Signature

DATE: _____

UAMS Email: _____