

**Parent Letter Notification Request Form**

**The purpose of this document is to notify the UAMS Veteran Services Official that you will be enrolled at another college pursuing a course(s) towards your current degree program. The intent of this is to allow the Veteran Service Official to identify the course(s) to be taken as transferrable to your degree program. The Veteran Service Official will then submit a Parent Letter to the other institution to identify you as a “Guest Student” under VA educational benefits. This allows the student to attend 2 or more colleges using the same VA benefits at once.**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID**: **\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Term: Fall\_\_ Spring\_\_ Summer** **\_\_ Academic Year: \_\_\_\_\_**

**Education Benefit**: \_\_\_30 \_\_\_31 \_\_\_ 33 \_\_\_35 \_\_\_1606

**Current UAMS Major/Degree:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Guest School Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guest School Mailing Address**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_ State: \_\_\_\_\_\_**

**Guest School VA Official**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full** **Course Name/Number/Credit hrs.: 1st.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **2nd. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UAMS Course Name/Number/Credit hrs.:1st.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **2nd.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT Note:** \***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.**

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**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 to be considered as part of your degree program. This form must be submitted to David Williams UAMS Assistant Registrar for Veteran Service. vaservices@uams.edu

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

Student Signature

Revised 02/09/2023 DEW