

Office of Student Veteran Services

5500 North St. Louis Ave., D-137 Chicago, IL, 60625-4699 (773) 442-4005 | veterans@neiu.edu

Veterans Affairs Benefit Academic Advising Verification Form

Student Name:			NEIU ID#		
NEIU Email:			Contact N	umber:	
Fall 20 Spring (Winter) 20 Summer 20		Chapter 33 – Post 9/11 Rogers STEM Chapter 35 – DEA/Fry	Chapter 30 – MGIB Chapter 1606 – MGIB - SR		
I understand thI understand I nI understand full	is form must be nust immediate II-time status is	nclusion of this semester? e submitted every semester ely report any dropped class s required for full VA benefit ampus class is required for f	to NEIU Ve	teran Servi	ces.
Course Prefix & Number (Art 101)		Course Title	Credit Hours	100% Online? Y/N	Applicable Towards Degree or Program? Y/N
Total Credits: Student Signature:			Date:		
	unction as an a tion status, and	cademic advisor for the above the criteria of all courses list	ve-mentione		and have verified
Academic Advisor Signature:			Date:		
	<u>-</u>				