



ADVISOR/MENTOR APPROVAL FORM

Student Name: _____ K#: _____

Degree: _____ Major: _____ Term: _____

VA Benefit (Mark all that apply):

- Hazlewood Post 9/11 GI Bill Montgomery GI Bill Dependents Education Assistance Vocational Rehabilitation Select Montgomery Reserves GI Bill

Active Duty: Yes No

The below courses have been approved for inclusion in the student's degree plan that may or may not reflect on degree catalog:

Table with 6 columns: Course Name, CRN, Start Date, End Date, Credit Hours, Elective*

Student's degree plan requires ___ hours of open/free electives.

This current enrollment satisfies ___ out of ___ hours.

The student has ___ remaining open/free elective hours to complete their degree requirements.

Comments: (Prerequisites, Suggested Courses, Equivalent Substitute, Graduation, etc.)

Three horizontal lines for writing comments.

Approving Advisor: _____ Signature: _____ Date: _____

For VA use only: Received by _____ Completed by: _____ Date: _____