Advisor Certification for Parent Letter

Name: ______________________________________________________________

Student Email: ____________________________________@__________________
(This is where the parent letter will be delivered upon completion)

Telephone: (____) _____-_______ CELL: (____) ______-_________

Student: K#________________ Semester Requested: Fall - Spring - Summer Year 20____
(Circle one)

VA Chapter: [ ] 33 (Post 9/11) [ ] 30 (MGIB) [ ] 1606 (Reserve) [ ] 1607 (REAP) [ ] 35 (Dependent) [ ] 33 (Dependent)

Degree Pursuing at TAMUK: ___________________________(SOCI, CRIM, ENGL, etc.)

Institution Requested For: ______________________________________________

Courses Requested

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<th>Course Number</th>
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I am aware that I must attach a copy of my student detailed schedule for the institution listed above for Advisor Certification to be completed. I further understand that I must submit an Official Transcript to TAMUK Admissions upon completion of my course(s). **I am responsible for submitting the parent letter to the institution, listed above, upon receipt.**

_____________________________    __________________________
Student Signature       Date

I certify that the above listed course(s) are required or authorized on the students’ current TAMUK degree plan.

_____________________________    __________________________
Academic Advisor Signature      Date