

## **Veterans Resource Center**

One Washington Square San Jose, CA 95192-0271 Voice: 408-924-8129 E-mail: veterans@sjsu.edu www.sjsu.edu/veterans

## **Veterans Benefits Parent School Letter**

Date: April 13, 2017

INSTRUCTIONS: Use this form to request VA benefits to enroll in courses at a secondary school other than SJSU, your primary school. Check with your SJSU academic advisor to confirm that the course(s) you plan to take else-where will en

community college to SJS device. Attach the comple	SU, visit www.assist.org. Use eted form(s) to the Parent Sc	alencies that can be transferred from a pone form for each secondary school a hool Letter section in mySJSU veteran behis form in person to the SJSU Veterans	nd save it to your enefits. We will the
SECONDARY SCHOOL IN Institution: Attention: Veterans Affair Address: City:		Zip Code:	
This letter is to certify that following courses.  Student Name: Term: Major: VA Benefit Chapter:	t the student named below is	s authorized to enroll at the above secor	ndary school in the
Course #	Course Title		Units
	section to be completed by ied at SJSU in the following:	the Veterans Resource Center at SJSU)	
Units: Approved Term:	Dates: Percentag	e (Chapter 33 only):	
School Certifying Official,	Veterans Resource Center		

SJSU VA Facility Code: 11106005