



Veterans Certification
 3201 Campus Dr.
 Klamath Falls, OR 97601
 mindy.miranda@oit.edu
 Phone: (541) 885-1283
 Fax: (541) 885-1024

Veterans Course Description and Certification Form

Select Chapter: Ch 30 Ch 31/Voc Rehab Ch 33/Post 9/11 Ch 35
 Ch 1606 Ch 1607

Certify For: Term/Year _____ Number of Credits _____

Name _____ Student ID _____

VA File # or SSN _____

Home Phone _____

Address _____

Major(s) _____ Minor(s) _____

Student Level: Undergraduate Post-baccalaureate Graduate/Doctoral Graduate Certificate

Are you changing your major? Yes No

Are you a new student to OIT? Yes No

Have you ever received Veterans benefits at another school? Yes No

CRN	Dept & Course #	Course Title	Credits	Does this course apply to the degree? (university, major/minor req, pre-req, elective) Note: some electives may not apply
				<input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____

By signing below, I verify that I have completed all items. I understand I must inform the Veterans Officer of ANY changes after this form has been submitted.

Student Signature _____ **Date** _____

Please read and complete the entire form. Incomplete forms will not be certified.