



**CONCURRENT ENROLLMENT**  
(PARENT SCHOOL AUTHORIZATION, IN LIEU OF A 22-315)

DATE:

NAME:

SEMESTER/YEAR

STUDENT ID#:

Last 6 SSN

**VA BENEFITS/ CHAPTER**

POST 9/11 CH 33  
%

MGIB-SR 1606 CHAPTER

CHAPTER 31  
VOC REHAB

MGIB 30

CHAPTER 35  
(add sponsors full SSN in box below)

Sponsors full SSN #

UA Email:

@email.arizona.edu

**LOCATION OF CONCURRENT ENROLLMENT**

COCHISE COLLEGE

PIMA COLLEGE

RIO SALADO

OTHER

STATE THE FULL NAME OF THE "OTHER" INSTITUTION:

**COURSE INFORMATION**

CATALOG NUMBER

SUBJECT

UA COURSE EQUIVALENCY

Student's Signature:

Date:

**(Advisor please check one)**

STUDENT WILL

STUDENT WILL NOT BE ENROLLED AT UA SOUTH DURING THIS PERIOD

Name of Advisor:

Signature of Advisor:

Date:

STUDENT'S DEGREE

BA

BS

BAS

M.ED

VA Certifying Official:

Clara Gonzalez, M.ED.

150.135.84.140/jupiter/sas/Veterans/Forms

MAJOR:

MINOR:

DATE: