



EASTERN OREGON
UNIVERSITY

VETERANS' ENROLLMENT CERTIFICATION

Name: _____ SSN _____

Address: _____
Street or PO Box e-mail

City State Zip Telephone

Please mark one of the following:

- (1) ____ I will NOT be attending EOU during the current academic year.
(Please sign here and return this form to the VA Rep in the Registrar's Office)

Signature _____ Date _____

- (2) ____ I will be attending EOU for the terms checked below. Please return this form to the VA Rep in the Registrar's Office.

The program you are pursuing at Eastern must be listed in the EOU catalog. List EOU credits only – credits being taken from other schools must be separately certified by each school.

Please certify me for the following credits* and terms:

____ Summer Term Number of credits _____

____ Fall Term Number of credits _____

____ Winter Term Number of credits _____

____ Spring Term Number of credits _____

Advance Pay:

(If you want to receive advance pay, you must sign below)

Date _____

Signature (required if you want advance pay)

*credits:

12 or more credits is full-time
9-11 credits is 3/4 time
6-8 credits is 1/2 time

4-5 credits is less-than-half-time
1-3 credits is 1/4 time or less