

Primary School Letter Request

201 South 1460 East
RM 250N Window 10
Salt Lake City UT 84112-9052
<http://www.sa.utah.edu/regist/veterans/>

Phone (801) 581-6945
Fax (801) 585-0356
e-mail: vetservices@sa.utah.edu

Name: _____ **UNID:** _____

Chapter: _____ **Degree Program:** _____

I plan to attend (*Name and Address of Institution*):

Semester: _____ **Credit Hours:** _____

(Term, Year)

Please attach a copy of your schedule. If the courses listed are required for your degree program and will transfer to the University of Utah at full value, a Primary School Letter will be sent to the above named institution on your behalf.

When you have completed the courses you must submit a transcript to:

University of Utah Admissions Office
201 S 1460 E RM 250 S
Salt Lake City, UT 84112

You will be subject to all VA regulations, including those described on our information sheet, *Conditions for Your VA Educational Benefits at the University of Utah*. It is in your best interest to read it carefully and ask questions about anything that may apply to you.

I authorize University of Utah Veterans Services Office personnel to discuss via phone, e-mail, or in person, information related to my benefits with the above mentioned institution. I understand that this will include the communication of non-directory information such as schedule, credit hours, and grades for the term I have listed above.

Student's Signature

Date

Parent School Letter Course Approval Form

Name: _____ UNID: _____

Chapter: _____ Degree Program: _____

The following course(s) are necessary for my current degree and **WILL** transfer back to the U of U and will fulfill this requirement:

_____	_____	<input type="checkbox"/> Gen ED <input type="checkbox"/> Major <input type="checkbox"/> Upper Div. <input type="checkbox"/> Total Credit Hour
Course	Number	(<input type="checkbox"/> Substitute Course <input type="checkbox"/> Other)
		U of U Course Equivalent _____

_____	_____	<input type="checkbox"/> Gen ED <input type="checkbox"/> Major <input type="checkbox"/> Upper Div. <input type="checkbox"/> Total Credit Hour
Course	Number	(<input type="checkbox"/> Substitute Course <input type="checkbox"/> Other)
		U of U Course Equivalent _____

_____	_____	<input type="checkbox"/> Gen ED <input type="checkbox"/> Major <input type="checkbox"/> Upper Div. <input type="checkbox"/> Total Credit Hour
Course	Number	(<input type="checkbox"/> Substitute Course <input type="checkbox"/> Other)
		U of U Course Equivalent _____

_____	_____	<input type="checkbox"/> Gen ED <input type="checkbox"/> Major <input type="checkbox"/> Upper Div. <input type="checkbox"/> Total Credit Hour
Course	Number	(<input type="checkbox"/> Substitute Course <input type="checkbox"/> Other)
		U of U Course Equivalent _____

Semester: _____
(Term, Year)

Advisor's Signature

Date

Advisor (Print Name)

Student's Signature

Date