



Office of Student Veteran Services
5500 North St. Louis Ave., D-137
Chicago, IL, 60625-4699
(773) 442-4005 | veterans@neiu.edu

Academic Advising Verification Form

To Be Completed By Student

Student Name: _____ NEIU ID# _____

NEIU Email: _____ Contact Number: _____

Fall 20____	Chapter 33 – Post 9/11	Chapter 30 – MGIB
Spring (Winter) 20____	Rogers STEM	Chapter 1606 – MGIB - SR
Summer 20____	Chapter 35 – DEA/Fry	

- I expect to graduate at the conclusion of this semester? Yes No
- I understand this form must be submitted every semester I use VA benefits.
- I understand I must immediately report any dropped class to NEIU Veteran Services.
- I understand full-time status is required for full VA benefits.
- I understand at least one on-campus class is required for full VA benefits.

Course Prefix & Number (Art 101)	Course Title	Credit Hours	100% Online? Y/N	Applicable Towards Degree or Program? Y/N

Student Signature: _____ Total Credits: _____ Date: _____

To Be Completed By Academic Advisor

I am authorized to function as an academic advisor for the above-mentioned student and have verified their major, graduation status, and the criteria of all courses listed above.

Academic Advisor Print Name: _____

Academic Advisor Signature: _____ Date: _____

Once verified by student's academic advisor, students must email this form to NEIU Veteran Services at veterans@neiu.edu, or they may drop it off at office D-130.