Non-Matriculated Student

**Note:** With this form, students can receive VA benefits for up to two quarters in non-matriculated status.

Name: ___________________________ Student Number: ___________________________
Claim Number: ___________________________

Please have your department advisor complete the following:

1. Why is student non-matriculated?

2. List the prerequisite courses student needs for admission to the program.

3. List the courses that will satisfy degree requirements.

4. State degree objective.

I understand that the VA will pay for up to two quarters of benefits while I am in non-matriculated status.

________________________________________________________________________________
Adviser's signature

________________________________________________________________________________
Adviser’s name:

________________________________________________________________________________
Student signature

________________________________________________________________________________
Department

________________________________________________________________________________
Date