Military Educational Benefits Services
Office of the University Registrar
1009 Rollins Hall – Norfolk, VA 23529
Phone: (757) 683-4425
Email vaservices@odu.edu

SUPPLEMENTAL LETTER

*To be completed by students receiving VA Educational Benefits who are taking courses at other institutions for credit towards their program at **Old Dominion University**.*

Student Name: _____

University ID Number (UIN):: _____

Current Address: _____

ODU Email: _____

Phone Number: _____ **VA Educational Benefit Chapter**: _____
(if unsure, ask office personnel)

Please be aware that while Old Dominion University does not retain your Certificate of Eligibility, if you are taking a guest course at any other institutions they may require a copy before certifying your registration.

Are you Active Duty? ☐ YES ☐ NO

Will you be enrolled in classes at the parent institution (Old Dominion University) during the same period? ☐ YES ☐ NO

Check which semester and year you will be enrolled at the supplemental institution for the classes listed below:

☐ FALL ☐ SPRING ☐ SUMMER _____YEAR

Supplemental institution you will attend (do not abbreviate)

_____

Courses: *(use the catalog number and subject of the supplemental institution)*

CATALOG # (example: HIST 121)	**SUBJECT** (example: American History)	**CREDIT HOURS** (example: 3)

This is to certify that full credit toward meeting graduation requirements in the student's educational program will be granted by ODU following the successful completion (grade C or better) of the listed course(s) at the supplemental institution. The student must submit an official transcript to the ODU Office of Admissions to receive transfer credit.

_____ _____ _____
Advisor's Signature Department Date

_____ _____ _____
Signature of ODU VA Certifying Official Date Phone

TO STUDENT:
*After completing this form and getting both signatures, **please take the original copy to the VA certifying official at the supplemental institution.***