SUMMER Student Verification Form

Instructions: Please complete all parts of this form.
1. Have a School Official sign and date Part I.
2. Student must sign and date Part II.

PART I

Today’s Date: ________________

Student Full Name: ____________________________

College/University: ___________________________ State: ________________

Is this student:

Currently enrolled at Least Half-time? YES or NO  Current GPA: __________

Accepted for enrollment for the upcoming semester at least half-time? YES or NO

Number of credits, semester hours, or quarter hours completed to date: ________________

Major: ________________ Expected Graduation Date: __/__/____

Name and Title of Verifier:

________________________________________________________________________

_________________________ Date: _________________________

Signature:

PART II

I give permission for the release of the above information to the VA Boston Healthcare System.

_________________________ ________________

Student Signature Date

Student Email address/Phone #: __________________________________________

Revised: 4/12/2017