

Date _____

To Certifying Official of University of South Florida:

Student: _____

SSN #: XXX-XX-_____

This letter is to confirm the courses that _____, U_____ is enrolled for the _____ 20__ semester is applicable to his/her degree program.

_____ is pursuing a _____.

The following course(s) for which the student has registered is applicable to the degree plan:

Course Number	Course Name	Number of Credits

Respectfully,

Title: _____

Phone: _____

Email: _____

Office of Veteran Success

- University of South Florida ● 4202 E Fowler Ave, ALN 130, Tampa, FL 33620 ●
- Phone: 813-974-2291 ● Fax: 813-974-7199 ●

Instructions

1. Fill out this form with your name, U#, degree program, and courses that you are enrolled in.
2. Take this form to your academic advisor to have your courses confirmed and this form signed.

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