Student Information

Student Name: ______________________________  Student ID: A________________________
Degree: ____________________  Major: ____________________
Semester: [ ] Fall  [ ] Spring  [ ] Summer  Year: __________
GI Bill® Chapter: 31 ___  33 ___  35 ___  30 ___  1606___  Active Duty: Yes No

The below courses have been approved for inclusion in the student’s degree plan:

<table>
<thead>
<tr>
<th>Course Name</th>
<th>CRN</th>
<th>Start Date</th>
<th>End Date</th>
<th>Credit Hours</th>
<th>Elective*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
</tr>
</tbody>
</table>

Student’s degree plan requires _____ hours of open/free electives.
This current enrollment satisfies _____ out of _____ hours.
The student has _____ remaining open/free elective hours to complete their degree requirements.

Comments:
(Prerequisites, Suggested Courses, Equivalent Substitute, Graduation, etc.)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Approved By: ______________________________________
Texas State University Academic Advisor

Signature: ____________________________  Date: __________

------------------------------------------------------------------Veterans Affairs Office Use Only------------------------------------------------------------------