

<b>The University of Texas at Arlington</b> <b>VA Education Benefits Certification Office</b> <b>Box # 19345</b> <b>406 Summit Ave</b> <b>Arlington, TX 76019-0080</b>	<b>Parent Institution Letter (PIL)</b> <b>Parent Institution = Degree Granting Institution</b>  <i>The University of Texas at Arlington VA Office will only authorize courses that will fill degree requirements at UTA. You must be accepted to UTA for the requested semester and have an official degree plan on file.</i>
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**PART I Completed by Student**

Name (Last, First)	Social Security Number / UTA ID: /
Student Mailing Address:  _____  _____  _____	VA File Number (for CH. 35 ONLY)
	Chapter:  Ch. 30 _____ Ch. 31 _____ Ch. 33 _____  Ch. 35 _____ Ch. 1606 _____
Student Telephone Number:	Name of UTA Degree/Program:
Name of Secondary Institution:  _____  _____	Courses at Secondary Institution: Four Letter Designator                      Four Digit Designator Ex. MATH    Ex. 1308 1. _____    _____ 2. _____    _____ 3. _____    _____ 4. _____    _____ 5. _____    _____
Email Address or Fax # of secondary institution (YOU <b>MUST</b> PROVIDE THE CONTACT INFORMATION HERE SO WE CAN PROCESS YOUR REQUEST):  _____	Semester & Year Attending Secondary Institution:
Date Requested:	Semester & Year Attending Secondary Institution:

**PART II Completed by UTA VA Office**

Approved PIL Credit Hours at UTA:  _____  UTA VA Education Benefits Certification Office: T: 817-272-3017 F: 817-272-7013 E: va@uta.edu	UTA Equivalent Courses: Four Letter Designator                      Four Digit Designator 1. _____    _____ 2. _____    _____ 3. _____    _____ 4. _____    _____ 5. _____    _____
UTA VA Education Benefits Certifying Official:	Date: