Term Approval Form (TAF)

This form MUST be **TYPED**, **SIGNED** by the student, and **EMAILED to the ADVISOR** for approval EVERY TERM VA education benefits wish tobe utilized. You **MUST** save your file as "Term202X - TAF - Last, First - Student ID#."
Saved documents should look like this when submitted to the advisor: FALL 2025 - TAF - Doe, Jane - 12345678.
Once approved, **advisors ONLY** will submit to the VMS office for processing by submitting here:
Student Document Submission Portal.

First Name: _____ **Last Name:** _____ **Student ID#:** _____

Student Email: _____ **Chapter of Benefit:** CH 33 **Degree Level:** Undergraduate

Degree: _____ **Major:** _____ **Minor:** _____

Term: August Intersession **Academic Year:** _____

			Advisor Only: Course is part of Degree Plan	
Course Prefix & Number	**Course Title**	**iStudy**	**YES**	**NO**
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

Do NOT list waitlisted courses above

If you are repeating any courses previously paid for by the VA, list the courses and terms during which they were taken:

Course Prefix & Number	Course Title	Previous Term and Year (i.e., Fall XXXX)

Please select the campus where you will take the majority of these courses: Oxford - 38677

Student Statement

I confirm that I am requesting the Ole Miss VMS office to certify these hours and courses. I understand VMS will only certify the hours and courses approved by my academic advisor.

Student Signature: _____ **Date:** _____

Academic Advisor Statement

I certify ☐ **semester hours of the courses listed above apply towards this student's degree plan/requirements.**

Advisor Name: _____ **Advisor Signature:** _____ **Date:** _____

Revised 8/28/25

The Office of Veteran & Military Services
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