Term Approval Form (TAF)



This form MUST be **TYPED**, **SIGNED** by the student, and **EMAILED to the ACADEMIC ADVISOR** for approval EVERY TERM VA education benefits will be utilized.

Once approved, advisors ONLY will submit to the VMS office for processing by submitting here: https://olemiss.app.box.com/f/6142d4fd85414f02b81c7f3e4481d571

First Name:	Last Name:	Studer	Student ID#:	
Student Email:	Chapter of Benefit:	Degree Level:		
Degree:	Major:	Minor:		
Term:	Academic Year:		Advisor Only: Course is part of Degree Plan	
Course Prefix & Number	er Course Title	iStudy	YES NO	
	De NOT liet weitlieted en ween shows			
If you are reneating an	Do <u>NOT</u> list waitlisted courses above y courses previously paid for by the VA, list the cou	irses and terms dui	ing which they were taken:	
Course Prefix & Number			is Term and Year (i.e., Fall XXXX)	
Please select the camp	us where you will take the majority of these course	es:		
	Student Statem	ent		
	uesting the Ole Miss VMS office to certify these ho ourses approved by my academic advisor.	ours and courses. I	understand VMS will only	
Student Signature:	Date:			
I certify sem	Academic Advisor Steet above apply towar		egree plan/requirements.	
Advisor Name:	Advisor Signature:		Date:	