

Undergraduate Prior Credit Memorandum

TO: Academic Advisor

FROM: Registrar's Office

The Department of Veterans Affairs requires that we report the number of prior semester credits the student has completed that apply toward his/her current undergraduate degree.

Please provide the information below (*print or type*):

Student Name: _____ CSUID _____ - _____ - _____
Student Major: _____
Department: _____
Advisor Name: _____ Phone: _____

The number of semester credits reported below are for the semester(s) prior to, but not including, _____ semester 20 _____ .

- _____ **A.** Number of prior credits accepted by the University that applies towards student's current major at Colorado State University, including required and elective credits.
- _____ **B.** Number of semester credits remaining until completion of student's program.
- _____ **C.** Total sum of credits in program (should total **A** and **B**).

Advisor's Signature

Date

Return To:
Registrar's Office, Centennial Hall
1063 Campus Delivery
Fort Collins, CO 80523-1063
GI-Bill@colostate.edu
Fax (970)491-2283