



DEPARTMENT OF VETERANS AFFAIRS  
Vocational Rehabilitation & Employment Division  
Los Angeles Regional Office  
11000 Wilshire Blvd  
Los Angeles, CA 90024  
(310) 235-7722, Fax # (310) 235-6247

VOCATIONAL REHABILITATION ACADEMIC WORKSHEET

The following information is very important in assessing the veteran's ability to complete a designated degree program at your institution.

Student's Name: \_\_\_\_\_ Facility/School \_\_\_\_\_  
VA Facility Code \_\_\_\_\_

1. Declared Program \_\_\_\_\_.
2. Number of college credits required to obtain declared degree program: \_\_\_\_\_.
3. Number of prerequisite courses required to complete: \_\_\_\_\_.
4. Number of college credit hours accepted from transfer credits towards new degree program: \_\_\_\_\_.
5. Number of credit hours remaining to complete degree program after considering the transfer credits: \_\_\_\_\_.
6. Anticipated date of completion (month / year) \_\_\_\_\_.
7. Estimated yearly cost including tuition, fees and books: \_\_\_\_\_.
8. Veteran's academic advisor's name, phone number and email address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Academic Advisor: \_\_\_\_\_

Printed signature: \_\_\_\_\_

9. Name and contact information of the Certifying Official for your institution:

Ann Jeffers, ULV Certifying Official/VA Liaison

vareg@laverne.edu or ajeffers@laverne.edu

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Student's Vocational Rehabilitation Counselor Name: \_\_\_\_\_

Student's Voc Rehab Counselor email: \_\_\_\_\_

If any of the information for books and supplies, tuition or parking is the same, please complete and notate "same as above". Please submit entire form to Voc Rehab Counselor. Thank you for your assistance!

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Authorization for required BOOKS & SUPPLIES should be sent to:

Name: Follett-ULV Bookstore

Send via email to: VA\_campusstore@laverne.edu

Facility Code: 31801005

Tax ID: 36-2593135

Certifying Official: Ann Jeffers

Certifying Contact: vareg@laverne.edu (or) ajeffers@laverne.edu

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Authorization for TUITION should be sent to:

Name: Ann Jeffers, ULV Certifying Official/VA Liaison

Send via email to: vareg@laverne.edu (or) ajeffers@laverne.edu

Facility Code: Same as above

Tax ID: 95-1644026

Certifying Official and contact: Same as above

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Authorization for PARKING should be sent to: N/A (no parking fees)

Name:

Send via email to:

Facility Code:

Tax ID:

Certifying Official and contact: