

To:

DVA Regional Office
P.O. Box 4616
Buffalo, NY 14240-4616

or

DVA Regional Office
1722 I St. N.W.
Washington, DC 20421-1111

Developmental Course Certificate

Last First MI

VA File Number _____ SSN _____

1. After appropriate academic advisement, in order to progress in their chosen curriculum, it has been determined that this student requires the course(s) below:

<input type="checkbox"/>	DVE 0010	<input type="checkbox"/>	DVM 0070
<input type="checkbox"/>	DLS 0010	<input type="checkbox"/>	DVM 0080
<input type="checkbox"/>	DLS 0030	<input type="checkbox"/>	DVR 0050
<input type="checkbox"/>	DVM 0020	<input type="checkbox"/>	DVR 0060
<input type="checkbox"/>	DVM 0030	<input type="checkbox"/>	

2. These classes will be taken during the semester indicated: Year _____

<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer	<input type="checkbox"/>	Fall	<input type="checkbox"/>	Winter
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3. _____ Check here if this is a course completed previously but a higher level of achievement is needed.

Date

Advisor's/Counselor's Signature