The University of Texas at Arlington
VA Education Benefits Certification Office
Box # 19345
406 Summit Ave
Arlington, TX 76019-0080

Parent Institution Letter (PIL)

Parent Institution = Degree Granting Institution

The University of Texas at Arlington VA Office will only authorize courses that will fill degree requirements at UTA. You must be accepted to UTA for the requested semester and have an official degree plan on file.

PART I Completed by Student

Name (Last, First)

Social Security Number / UTA ID: /

Student Mailing Address:

_____

_____

_____

VA File Number (for CH. 35 ONLY)

Chapter:

Ch. 30_____ *Ch. 31_____Ch. 33 _____

Ch. 35_____Ch. 1606_____

*Ch 31 users please contact your counselor to ensure an authorization is sent to your secondary institution.

Student Telephone Number:

Name of UTA Degree/Program:

Name of Secondary Institution:

_____

_____

Email Address of secondary institution (YOU **MUST** PROVIDE THE CONTACT INFORMATION HERE SO WE CAN PROCESS YOUR REQUEST):

_____

Courses at Secondary Institution:

Four Letter Designator	Four Digit Designator
Ex. MATH	Ex. 1308
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Semester & Year Attending Secondary Institution:

Date Requested:

PART II Completed by UTA VA Office

Approved PIL Credit Hours at UTA:

_____

UTA VA Education Benefits Certification Office:

T: 817-272-3017

F: 817-272-7013

E: va@uta.edu

UTA Equivalent Courses:

Four Letter Designator	Four Digit Designator
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

UTA VA Education Benefits Certifying Official:

Date: