Arizona State University
DARS Evaluation for Veteran Benefits & Certifications

TO: ASU Academic Advisors
DATE: __________________

FROM: ASU Veteran Benefits & Certifications

Re: _______________________
(Student’s Name) (ASU ID Number)

The above student is enrolled for the ______________________ semester and taking classes which currently do not fall within his/her degree audit report (DARS). These classes could apply to the degree program due to:
1. Departmental approved course substitutions / exceptions
2. Departmental approved electives
3. Pursuing a certificate, minor, or dual major
4. Prerequisites (undergraduate or needed to be eligible for graduate school)

Please indicate whether or not the classes below do or do not apply to the student’s degree program.

<table>
<thead>
<tr>
<th>COURSE(S)</th>
<th>COURSE TITLE</th>
<th>Does Apply</th>
<th>Does NOT Apply</th>
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Advisor: _______________________
(Name Printed) (Signature)

Advisor’s Phone number: _______________________

Submit this completed form with any attachments to the appropriate ASU Veteran Benefits & Certifications location. Please contact the appropriate office if further information is needed.

Tempe, Poly, Downtown
Mail: Veteran Benefits & Certifications
Student Services Building, Rm140
PO Box 870312
Tempe, AZ 85287-0312

Office: (480) 965-7723
Fax: (480) 965-2295
Campus Mail Code: 0312

West Campus
Mail: Veteran Benefits & Certifications
University Center Building, Rm120
PO Box 37100
Phoenix, AZ 85069-7100

Office: (602) 543-8220
Fax: (602) 543-8312
Campus Mail Code: 0250