

# University of Missouri Veterans Center

N-5 Memorial Student Union

Columbia, MO 65211

Phone: 573-884-4383

Fax: 573-884-4387

DATE: \_\_\_\_\_

TO: VA Health Administration Center Eligibility  
P.O. Box 469028  
Denver, CO 80246-9028  
Fax: 1-303-331-7809

FROM: Keith Glindemann School  
Certifying Official

RE:	Name (Last, First):	
	SSN:	
	VA File Number:	
	Academic Major:	
	Date of Expected Graduation:	

To Whom It May Concern:

Please allow this letter to verify that the above named student is enrolled at the University of Missouri for:

TERM	DATES	CREDIT HOURS
Summer 2024	6/3/2024 – 7/26/2024	
Fall 2024	8/19/24 – 12/13/2024	

Thank you,

Keith Glindemann  
School Certifying Official  
MU Veterans Center

I agree to notify the CHAMP VA office of any changes in my enrollment as soon as possible.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_