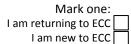
OFFICE USE ONLY	
STAL	
MINF	
ХЕМРТ	



VETERANS SERVICES PROGRAM STUDENT INFORMATION CARD

Fall Winter Spring Summer



LAST NAME		FIRST NAME	MI	STUDENT ID NUMBER			
SOCIAL SECURITY NUMBER	MAJO	DR		TRANSFER SCHOOL			
VA FILE# FOR CHAPTER 35 ONLY	DATE OF BIRTH	HOME PHONE NUMBER		CELL PHONE NUMBER			
ADDRESS	APT #	CITY		STATE ZIP CODE			
E-MAIL	MILITARY BRANCH						
	\mathbf{V}^{**} OFFICE USE (DNLY**↓		CONTINUE ON THE BACK $ ightarrow$			
GUEST STUDENT		C REHAB.		COMPTON STUDENT			
ACADEMIC STATUS		UNITS CERTIFIED					
NOTIFIED UNSATISFACTORY PROGRESS							
NOTES		V.A. Payment					
CHAPTER CODE		DATE CERTIFIED					

* VA will not pay for Contemporary Health (CH-1), except for Chapter 35.

* Courses must be approved by Academic Counselor

PLEASE CERTIFY MY ENROLLMENT IN THE FOLLOWING COURSES:

		Short Course				
Section	Class Title	Yes/No	Units	Drop	Office Notes	Notified VA

LIST COURSES BEING REPEATED BELOW (The VA will not pay for repeated classes, unless you withdrew, received "F"/"NC" or need a grade of "C" to meet prerequisites)

Courses Approved by _____ Counselor Signature

Date ____

Date

 \downarrow For Office use only \downarrow