

OFFICE USE ONLY

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VETERANS SERVICES PROGRAM

STUDENT INFORMATION CARD

Fall Winter Spring Summer

Mark one:
 I am returning to ECC
 I am new to ECC

 LAST NAME FIRST NAME MI STUDENT ID NUMBER

 SOCIAL SECURITY NUMBER MAJOR 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 _____

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CONTINUE ON THE BACK →

GUEST STUDENT VOC REHAB. COMPTON STUDENT

ACADEMIC STATUS _____

UNITS CERTIFIED _____

NOTIFIED UNSATISFACTORY PROGRESS _____

V.A. Payment _____

NOTES _____

DATE CERTIFIED _____

CHAPTER CODE _____

* 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:

↓For Office use only↓

Section	Class Title	Short Course 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 _____

Student Signature _____

Date _____