OFFICE USE ONLY								
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Veterans Office

STUDENT INFORMATION CARD Fall Winter Spring Summer

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

LAST NAME	FIRST NAME	MI	STUDENT I.D. #	STUDENT I.D. #	
SOCIAL SECURITY #	MAJOR		TRANSFER SCHOOL		
V.A. FILE # FOR CHAPTER 35	BIRTH DATE	HOME PHONE #	CELL PHONE#		
ADDRESS	APT#	CITY	STATE	ZIP CODE	
EMAIL ADDRESS:		_MILITARY BRANCH			
	↓ **OFFICE USI	E ONLY** ↓	CONTI	NUE ON THE BACK 🗲	
GUEST STUDENT	VO	СОМР	TON STUDENT		
ACADEMIC STATUS		UNITS CERTIFIED			
NOTIFIED UNSATISFACTORY PROC	GRESS				
NOTES		V.A. Payment			
CHAPTER CODE		DATE CERTIFIED			

*VA will not pay for Contemporary Health (CH-1), except Chapter 35. Please certify my enrollment In the following courses:			↓For Office use only↓				
Section	Class Title	Short Courses Yes/No	Units	Drop Date	Office Notes	Notified V.A.	
		LIST COLU	DCEC DEIN	C DEDEATED BEL	014		
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.							
Signature Date							