OFFICE USE ONLY

☐ STAL
☐ DADD
☐ METRIX

Veterans Office

STUDENT INFORMATION CARD

FALL ☐ Winter ☐ Spring ☐ Summer ☐

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

LAST NAME _____ FIRST NAME _____ M.I. _____ ECC / COMPTON CTR. I.D. # _____

SOCIAL SECURITY # _____ MAJOR _____ TRANSFER SCHOOL _____

V.A. FILE # FOR CHAPTER 35 _____ BIRTH DATE _____ PHONE # _____ CELL # _____

ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS: _____

↓**OFFICE USE ONLY**↓

CONTINUE ON THE BACK →

☐ GUEST STUDENT ☐ VOC. REHAB. ☐ COMPTON STUDENT

ACADEMIC STATUS _____ UNITS CERTIFIED _____

NOTIFIED UNSATISFACTORY PROGRESS _____ _____

NOTES: _____ V.A. Payment ☐ _____

CHAPTER CODE _____ DATE CERTIFIED _____

***V.A. will not pay for Contemporary Health. Except Ch 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 COURSES BEING REPEATED BELOW

The V.A. will not pay for repeated classes, unless you withdrew, received "F"/"NC" or need a grade of "C" to meet prerequisites.

Signature _____ Date _____