

Fall _____
 Spring _____
 Summer _____

Veterans Program Request for Certification

Major _____
 GPA _____ Academic Status _____

Student Name _____
 Address _____
 Phone _____
 Date of Birth _____

ID Number @ _____
 City _____ Zip _____
 Work/Message Number _____
 E-Mail _____

Educational Assistance Program – Please check one. * If program is not specified you will not receive payment

- | | | |
|---|--|---|
| <input type="checkbox"/> Chapter 1606 (Reserves) | <input type="checkbox"/> Chapter 32 (VEAP. Post Vietnam) | <input type="checkbox"/> Chapter 30 (New GI Bill) |
| <input type="checkbox"/> Chapter 31 (Voc Rehab) | <input type="checkbox"/> Chapter 35 (Widow or Decreased Vet) | <input type="checkbox"/> Chapter 1607 (REAP) |
| <input type="checkbox"/> Chapter 35 (Dependent of Deceased or Disabled Veteran) | | <input type="checkbox"/> Chapter 33 (Post 911) |

Approved Schedule Plan

Course Information			Meeting Dates							Classroom Information					Applicable Area of Study					
CRN	Course #	Units	M	T	W	R	F	S	Time	Room	Instructor	Start Date	End Date	1	2	3	4	5	6	

Total Units _____

Counselor's Signature	Date
Student's Signature	Date

***IF YOU ADD, DROP, OR CHANGE A CLASS YOU NEED TO MAKE AN APPOINTMENT TO SEE THE COUNSELOR.**

Counselor's Notations:

Indicate what areas apply with (Y)es or (N)o

1 = PC General Education
 2 = Major Requirement
 3 = Prerequisite
 4 = Elective for Degree
 5 = CSU General Education
 6 = UC IGETC
 12/4 filed Veterans Schedule Plan and Cert.