

CYPRESS COLLEGE/VETERAN AFFAIRS OFFICE
VETERAN ENROLLMENT FORM

VETERAN INFORMATION			
Semester: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ Summer 20____			
* Which is your primary college/campus: <input type="checkbox"/> Cypress College <input type="checkbox"/> Fullerton College			
* If checked Fullerton College, do you wish to change your primary college/campus to Cypress College? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:			
Date of birth:	SSN:	Home Phone:	
Benefit Chapter:	Student ID#: @	Alternate Phone:	
Current address:			
City:	State:	Zip Code:	
Major:		Email Address:	
PRIOR COLLEGE INFORMATION			
Are you concurrently enrolled at another school at this time? <input type="checkbox"/> No <input type="checkbox"/> Yes			Where?
Name of Prior College(s) Attended:	Location of College/University	Dates Attended	
VETERAN RESPONSIBILITIES FOR CERTIFICATION			
<p><i>I understand that in order to collect Veteran Education Benefits, I must submit the required documents each semester to the Veteran's Commissioner of Cypress College. I understand that if I change the number of units in which I am enrolled, I am to contact the VA Commissioner immediately. I understand that failure to do so will result in an overpayment for which I am fully responsible. I do hereby request certification for the below counselor approved courses in which I am enrolled at Cypress College. I agree that these courses will provide normal progress towards my educational goal. I understand that it is my responsibility to provide the required documents for my file to the Cypress College Veterans Affairs Office. I understand that VA forms will be released to authorized personnel and representatives of the VA only, unless a written release form is provided.</i></p>			
_____		_____	
Signature		Date	
COUNSELOR COURSE APPROVAL/EVALUATION SECTION			
***This Section To Be Completed By A Counselor		***Counseling Appointment Required for Prior Credits Evaluation	
Remedial Units Completed:			
General Education Units Completed:			
Elective Units Completed:			
Major Units Completed:			
Total Units Completed (Excluding Remedial Units):			
Course(s) Approved:	Course Level:	Unit(s):	Counselor Initials
Counselor's Name (Please Print)		Extension:	
Counselor's Signature:		Date:	

(It is student responsibility to register for courses approved by counselor before return this form to the VA Office.)