



**STUDENT INFORMATION**

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

MAJOR: \_\_\_\_\_ SELECT ONE:  AA  AS  Certificate

SEMESTER TERM: \_\_\_\_\_ / YEAR: \_\_\_\_\_ OTHER: \_\_\_\_\_

**VETERAN BENEFIT INFORMATION:**

Please indicate your VA Education Benefits program:

- Chapter 30 – Montgomery GI Bill®  Chapter 35 – Dependents Educational Assistance
- Chapter 31 – Vocational Rehabilitation  Chapter 1606 – Montgomery GI Bill® Selected Reserves
- Chapter 33 – Post 9/11 GI Bill®

**SECONDARY (GUEST) SCHOOL INFORMATION**

SCHOOL NAME: \_\_\_\_\_ TERM: \_\_\_\_\_ / YEAR: \_\_\_\_\_

VA CERTIFYING OFFICIAL NAME: \_\_\_\_\_

VA CERTIFYING OFFICIAL EMAIL: \_\_\_\_\_

Please indicate the courses information you will be enrolled in at your secondary school.

| COURSE TITLE                        | COURSE #        | CREDIT #       | THIS COURSE SATISFY (select one)                               |
|-------------------------------------|-----------------|----------------|--|
| <i>Example: English Composition</i> | <i>ENGL 100</i> | <i>3 units</i> | <input type="checkbox"/> GEN ED <input type="checkbox"/> MAJOR |
|                                     |                 |                | <input type="checkbox"/> GEN ED <input type="checkbox"/> MAJOR |
|                                     |                 |                | <input type="checkbox"/> GEN ED <input type="checkbox"/> MAJOR |
|                                     |                 |                | <input type="checkbox"/> GEN ED <input type="checkbox"/> MAJOR |
|                                     |                 |                | <input type="checkbox"/> GEN ED <input type="checkbox"/> MAJOR |

**CERRITOS COUNSELOR SIGNATURE**

I verify that all courses above are required for the degree/certificate program either as core requirement(s) or as elective(s) not previously filled by prior courses or transfer credits, and will transfer to the parent school, Cerritos College. I verify that the information I provided on this form is true and complete to the best of my knowledge.

Counselor Name: \_\_\_\_\_ Email: \_\_\_\_\_@cerritos.edu

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT CERTIFICATION AND SIGNATURE**

I understand it is my responsibility to inform the Veterans Resource Center if I change my schedule or program. If I do not, I may be overpaid benefits, which I will be obligated to return to the Department of Veterans Affairs. I authorize the Veterans Certifying Official to release information from my student record to the Department of Veterans Affairs.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_