

STUDENT INFORMATION

Name: _____

Student ID: _____

Program/Major: _____

Specialty (if applicable): _____

To serve as a form and guide to the veteran or dependent and staff while the student is attending SCC.

Choice of Degree(s) _____

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Notes and recommendations:

Student Signature: _____ Date: _____

Academic Counselor Name: _____

Academic Counselors Signature: _____ Date: _____

Certifying Official Signature: _____ Date: _____