Student Name _____

Phone _____

Student ID # _____

Major _____

Porterville College
Veterans Resource Center
Request for Certification

Fall _____ Spring _____ Summer_____

Address _____

_____

Email _____

Educational Assistance Program (Check one)

☐ Chapter 1606 Select Reserves
☐ Chapter 1607 REAP
☐ Chapter 32 Post Vietnam
☐ Chapter 31 Vocational Rehab
☐ Chapter 35 Dependent/Spouse of a Veteran
☐ Chapter 30 Montgomery GI Bill
☐ Chapter 33 Post 9/11

Approved Schedule Plan

CRN	Course Name & Number	Units	Start Date	End Date	Class Type
12345	*ADMJ P102 (Example)*	*4*	*1/14/17*	*5/12/17*	*2*

Class Type

1 = Prerequisite

2 = Major Requirement

3 = Elective

4 = PC General Education

5 = CSU General Education

6 = UC IGETC

Total Units _____

_____ _____

Student's Signature Date

_____ _____

Counselor's Signature Date

Counselor's Notations:

- ☐ **DD214**
- ☐ **Certificate of Eligibility**
- ☐ **Benefits Agreement**
- ☐ **Current Ed Plan**
- ☐ **Printed Schedule**

PLEASE NOTIFY THE VRC IF YOU MAKE ANY CHANGES TO YOUR SCHEDULE

PLEASE ATTACH A COPY OF YOUR SCHEDULE/BILL