



Parent School Letter

This request is for classes taken in:

Term: _____ Year: _____

VA Chapter: _____

File Number: _____

Payee Number: _____

Name: _____

Palomar ID# _____ SSN: _____

Phone : _____

Kendyl L. Magnuson, Ed.D
Senior Director
Enrollment Services
kmagnuson@palomar.edu
(760) 744-1150 ext 2171

Dr. Star Rivera-Lacey
Superintendent/President

Governing Board
Robert Rodriguez
Judy Patacsil
Michelle Rains
Jacqueline Kaiser
Cassandra Schaeg
Student Trustee:
Stephanie Wu (Xinyi)

SECONDARY SCHOOL INFORMATION

Name of Secondary School: _____

Dept. & Course #	Course Title	EVALUATIONS DEPT ONLY	
		Palomar Equivalent (if applicable)	Program Applicable Yes/No

Only courses that are indicated above to be program applicable are authorized to be certified at the secondary school under Veterans education benefits.

**STUDENT MUST ATTACH A COPY OF PROOF OF ENROLLMENT
IN SECONDARY/GUEST SCHOOL WITH THIS FORM.**

****STUDENT****

I understand that if I plan to certify my benefits with Palomar College after the above indicated semester, I will be responsible for submitting official transcripts that include the completed courses before I can certify. *Note:* A confirmation printout indicating you have requested the transcripts to be sent to Palomar College once your grades post will be sufficient.

Student Signature

Date

OFFICE USE ONLY

VA Declared Major

Ultimate Educational Goal
(If applicable)

Evaluator Comments:

Palomar Evaluator

Signature/Date: _____

Palomar Certifying Official

Signature/Date: _____

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