



Veterans Services Parent School Letter Request

Term: _____ Year: _____

VA Chapter: _____

Name: _____

VA File #: _____

Palomar Student ID#: _____

VA Payee #: _____

Phone #: _____

SSN: _____

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.

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

Student Acknowledgement

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 all 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

Declared Major(s): _____

External Major: _____

Evaluator Comments: _____

Palomar Evaluator Signature: _____ Date: _____

School Certifying Official Signature: _____ Date: _____