PALOMAR COLLEGE
Learning for Success

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: _____

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OFFICE USE ONLY

Declared Major(s):_____

External Major:_____

Evaluator Comments:_____

Palomar Evaluator Signature: _____ Date: _____

School Certifying Official Signature: _____ Date: _____