SHASTA COLLEGE
VETERANS/DEPENDENTS CERTIFICATION REQUEST

Semester: (Check one) □ **Fall** □ **Spring** □ **Summer**

NAME_____ **STUDENT ID#**_____
First MI Last

☐ **CHECK BOX IF NEW ADDRESS**

ADDRESS_____
Street City State Zip Code

PHONE NUMBER: (_____) _____ **EMAIL ADDRESS:** _____

CHAPTER: ☐ **30 MGIB-AD** ☐ **31 Voc Rehab** ☐ **33 Post 9/11** ☐ **35 Dependent**
☐ **1606 Reservist/Guard** ☐ **1607 REAP - Activated Reservist/Guard**

How many units are you registered for? _____ **Is each course listed on your Educational Plan? Yes/No**

What is your declared Major? _____

Student Signature_____
Date_____

JR 4/2007
Veteran Certification Request Form