

Admissions & Records Office 11711 Sand Canyon Road Yucaipa, CA. 92399-1799 P: (909) 389-3372 F: (909) 389-9141 Web: www.craftonhills.edu

Crafton Hills College Request for VA Benefits

| | All Sections Must | Be Completed | ~ | • 0 |
|--|--|--|--|---|
| Fall | Spring | | Summer | 20 |
| If you have completed one year of Physical Education activity course General Work Experience course This Office must have on file off second semester. Furthermore, an certify your enrollment. If you are entering Crafton Hills completed sixty or more units, you enrollment. It is your responsibility to notif schedule. Failure to do so could | ses or Health Education (as cannot be certified und icial transcripts of your properties) are evaluation of your prior. College for the first time ou must meet with our Very this office as soon as you | Courses ler your Montgome orevious college at r college credit mu and have already eterans Counselor your drop, add on | ery GI Bill. tendance before st be complete earned a colleg before this offi | e you register for your d before this office can ge degree or have ce can certify your |
| I hereby certify | that I have read and unde | erstand all of the ir | nformation abo | ve. |
| Signature | | | | |
| | nt all the information | below carefully | and clearly | |
| me | Phon | e | | |
| ailing Address | | | | |
| st Four Digits of SSN | | | | |
| at is your major? | | | Is this a new j | program? UYes UN |
| ase List any and all colleges you ha | Course Title | | # of U | nits |
| | | | | |
| | | | | |
| | | | | |
| | | | Total | # Units |
| ertify to the best of my knowledge excessfully completed. I accept full re | | | | |

Signature Date

supervising my program of education and training.

HILLS COLLEGE in the **ADMISSIONS & RECORDS OFFICE** of any changes to my enrollment effective the week of such changes. I also authorize the release of my school and testing records to the V.A. for use in counseling and