



**Veteran Certification Intake Card**

Name: \_\_\_\_\_  
Last First MI

Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Birthdate: \_\_\_\_\_

City State Zip

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

Degree Sought: AA  AS  AAS

The student is:

WOSC Major: \_\_\_\_\_

Veteran  Active Duty

Faculty Advisor: \_\_\_\_\_

Reserve Guard  A Dependent

Primary Institution: WOSC  Other  \_\_\_\_\_  
Name of other Institution

Semester: Fall  Spring  Summer  Veterans SSN: \_\_\_\_\_ (If Dependent)

List any College, University, or Vo-Tech you have ever attended. (Even if you did not complete any classes or the classes you completed do not apply to your WOSC Degree plan.) We must have **ALL** official transcripts on file in our Admissions Office. Write **NONE** if this does not apply to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Certification by Signature**

- 1. The course/courses are acceptable to meet the requirements for my chosen major at WOSC.
- 2. The course/courses scheduled are not a repetition of any course previously completed.
- 3. I agree to report any enrollment change promptly to Janet in the WOSC VA Office.
- 4. I understand that I must complete this form each semester I request to be certified for VA assistance.

I currently reside in the state of Oklahoma. YES  NO

I intend to establish residence in the state of Oklahoma. YES  NO

Signed: \_\_\_\_\_

Date: \_\_\_\_\_