



STUDENT INFORMATION

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

Reserve Guard A Dependent

Faculty Advisor: _____

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: _____