



Office of Veterans Services

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| _____ Veteran |
| _____ Dependent/Spouse |

EVALUATION OF COURSE REQUIREMENTS FOR CURRENT MAJOR

The VA requires that Las Positas receive your college transcripts in order for you to remain eligible for your VA educational benefits.

Student's Name _____ ID or SSN _____

Listed below are the names of all other colleges I have attended. Without these transcripts, I understand that the counselor cannot proceed.

Student's Signature _____ Date _____

TO BE COMPLETED BY COUNSELOR:

**Per Veterans Affairs regulations, only one major or program is permitted for each evaluation form. Two programs cannot be combined, such as combining an Associates Degree with a Transfer Program*

Check *ONE Academic Objective: A.A. A.S. Certificate Transfer Major _____

If transfer, indicate intended Transfer Institution _____

List ONLY Prerequisites (per Catalog) or Basic Skills (100 level per assessment test results) courses needed:

Courses which need to be repeated and why _____

(Note: VA will not pay for repeat courses unless the course is required to meet the academic objective or minimum gpa)

_____ (A.) Free elective units needed to meet unit requirement for academic objective

_____ (B.) 3 elective units granted (only add if academic objective is an AA or AS) *

_____ Total free elective units needed to meet unit requirement for academic objective (A – B)

**Veterans with a DD-214 honorable discharge are granted 3 elective semester units toward an AA or AS degree and a waiver of the Wellness GE requirement (Areas of Health and Physical Education) for the AA degree or a waiver of the Physical Education GE requirement for the AS degree. The credit will be applied at the time of graduation evaluation. (effective Fall 2010)*

PRIOR CREDIT EVALUATION FOR CURRENT OBJECTIVE

_____ All prior credit which fulfills major, general education, granted elective units, and/or unit requirements for current objective. Include all applicable units from Chabot/Las Positas Community College District, and from all prior colleges.

COUNSELOR SIGNATURE _____ DATE _____

ATTACH APPROPRIATE ASSIST, 10T/4T, MAJOR/CERTIFICATE FORM(S)

