**Veterans Resource Center**

**Academic Worksheet**

18422 Bear Valley Road Victorville, CA 92395

Phone: 760-245-4271, ext. 2245

Email: va.gibill@vvc.edu

**The following information is necessary in evaluating the student’s ability to complete their program of study.**

Student ID#

Last Name:

First Name:



Anticipated date of completion (month / year):

|  |  |
| --- | --- |
|  |  |

Declared Program of Study (Major):

**Number of:**

College credits required to obtain declared program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prerequisite courses required to complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credits accepted from transfer credits towards new program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credits remaining to complete program after considering transfer credits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated** yearly cost including tuition, fees, books and supplies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veteran’s Academic Counselor:**

Name:

Phone Number:

Email Address:

Signature of Academic Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Certifying Official (SCO): Contact Email/Phone:

Contact information of **Certifying Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact information of **Certifying Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**