



San Diego Community College District Primary School Letter

Fall Spring Summer Year _____
 City Mesa Miramar
 (Indicate Primary Campus)

Student's Name _____ SS/VA _____
 (PRINT) Last First MI

CSID _____ Major _____

Email _____ Telephone _____

VA Education Benefit Type

Post-9/11 (Ch. 33)
 MGIB (Ch. 30)
 Reserves (Ch. 1606/1607)
 Voc Rehab (Ch. 31)
 DEA (Ch. 35)
 VRAP

Secondary School Information (complete one form for each institution)

Student ID Number _____

Name of Institution	Address	VA Telephone	VA Fax	School Certifying Official/ Point of Contact

Secondary Course Information (Must Attach Course Descriptions and Education Plan)

SDCCD Course or General Education Area Requirement	Secondary School Subject/Number	Units	Start/End Dates	Evaluator/Counselor Comments

- I understand all secondary school courses are subject to approval by the SDCCD Evaluations Office and must be applicable to the Student Education Plan I have on file with my primary college Veterans Office. _____
Initial
- I understand upon completion of the courses listed on this Parent School Letter, I am required to send all official transcripts by no later than **30 days** from completion to San Diego Community College District Office, Room 100, 3375 Camino del Rio South, San Diego, California 92108. _____
Initial
- I understand failure to submit these official transcripts will result in delaying my future VA Education Benefits within the SDCCD until these transcripts have been received and evaluated by the SDCCD Evaluations Office. _____
Initial

Student Signature _____

Date _____