



Veteran's Assistance Office
CONTINUING STUDENT – RECERTIFICATION REQUEST FORM

Please Print Clearly:

MPC STUDENT ID #: _____ - _____ - _____ CHOOSE ONE: Veteran or Service Member
 Spouse
 Child

NAME: _____
Last First M.I.

ADDRESS: _____
No. Street Apt.

_____ City State Zip Code

PHONE #: (Home): _____ (Cell/Work) _____

E-MAIL: _____

SEMESTER/SESSION REQUESTING CERTIFICATION FOR: _____ 20_____
 LAST SEMESTER AND YEAR ENROLLED AT MPC: _____

At which college will you complete your educational objective: _____

Is this a change of major/objective? Yes No

• If "yes," name of your new major: _____

Has your educational program been approved by an MPC Counselor? Yes No

Degrees earned (Check one): None Associate's Bachelor's Master's

List the courses for which you are requesting certification:

Section Number/Course Ex: "1234/Math 1"	Units	Section Number/Course Ex: "1234/Math 1"	Units

By signing below you are agreeing to the following statement:
"I certify that the information on this form is complete and correct. I also understand that my Veterans Assistance Educational Allowance is based upon the number of units in which I am enrolled and that any changes in my class schedule (adds and/or drops) must be immediately reported to the Veterans Assistance Office at Monterey Peninsula College."

 Student's Signature Date Veterans Office Staff Signature Date