



Veteran / Student Information

DATE _____

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ **Student ID #** _____

Military Information

Branch of Military: _____ **Military Information:** (please circle one)
Active Duty Veteran National Guard Reservist Dependent

Are you the Military Member? YES / NO circle one: If Dependent, please provide sponsors SS# _____

Educational Benefit Program **Ch. 30** **Ch. 33** **Ch. 1606** **Ch. 1607** **Ch. 31** **Ch. 35** **Ch. 33T**

Applied for your COE: **YES / NO** Have you used your benefit before? YES / NO
If yes, When? _____ Where? _____
If Dependent, please provide sponsors SS# _____

Military experience/training transcripts sent to MCCC?: **YES / NO**

Admissions Information

Did you apply for admissions to MCCC? **YES / NO** Have you completed Placement Testing? **YES / NO**

Prior College Experience? YES / NO
If yes, Have you requested transcripts to be sent to MCCC? YES / NO

What is your Academic Goal? _____

Signature: _____

Official Office Use Only:

SPRO _____	MINF _____	PERC _____	DIST LIST _____	DD-214 _____	22-1995 _____	COE _____	MASTER LIST _____
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