

Statement of Affirmation

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TO BE COMPLETED WITH COLLEGE OF MARIN VA COUNSELOR

I understand this form must be completed if I am a **first time** student at College of Marin OR if I have a **change of major** OR if I am **returning** to College of Marin. To avoid overpayment with the VA, I also understand it is **my responsibility** to have Official Transcripts of ALL colleges previously attended on file in the College of Marin Counseling Department **PRIOR** to my first meeting with the VA counselor. Certification of attendance **will be not be authorized until all applicable official transcripts have been submitted and evaluated.**

Student Signature_____
Date_____
SS #_____
LAST NAME_____
FIRST NAME_____
MIDDLEEducational Goal: ☐ Certificate ☐ AA/AS ☐ Transfer

Major at College of Marin _____ Catalog Year _____

Transfer Major _____

Transfer School _____

EVALUATION OF PRIOR EDUCATION

(Credit granted for prior education toward current Educational Goal as indicated above).

List ALL Previous Colleges Attended:

To avoid a potential overpayment with the VA, certifications of attendance will not be authorized until ALL applicable transcripts have been submitted and evaluated.

Prior Units Completed Applied to Goal Listed Above

| College(S) Attended | GE | M | E | P/R | TOTAL |
|---------------------|----|---|---|-----|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Grand Total | | | | | |

DD 214 _____
Copy of DD214 must be on file_____
Counselor Signature_____
Date