



San Diego Community College District
Primary School Letter

DRAFT

(Indicate Primary Campus)

Primary Campus: ☐ City ☐ Mesa ☐ Miramar

Semester: ☐ Fall ☐ Spring ☐ Summer Year: _____

Student Name: _____ SSN/VA Number: _____
(PRINT) Last First MI

Student ID Number: _____ Major: _____

E-mail: _____ Telephone: _____

Birthdate: ____/____/____

VA Education Benefit Type

☐ Post-9/11
(Ch. 33)

☐ MGIB
(Ch. 30)

☐ Reserves
(Ch. 1606/1607)

☐ VR&E
(Ch. 31)

☐ DEA
(Ch. 35)

Secondary School Information (complete one form for each institution)

Name of Institution: _____

Student ID Number: _____ School Certifying Official/Point of Contact: _____

Institution Address: _____
Street City State Zip

Veteran's Affairs Telephone: _____ VA Fax: _____

Secondary Course Information (must attach course descriptions)

Secondary School Subject/Number	# of Units	Start/End Dates	Evaluator/Counselor Comments (OFFICIAL USE ONLY)

Initial 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, at 3375 Camino Del Rio South, Room 100, San Diego, CA 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.

Student Signature: _____ **Date:** _____