

STUDENT INFORMATION	
Student Name:	
Student ID:	
Current Program:	
Date:	

Please make a selection below:

Y / N Do you agree to have your JST evaluated for any applicable credit based upon your current program?

Please read and initial below:

_____ If you change your academic program at any time, you are responsible for requesting a new credit evaluation from the Veteran Coordinator and may be required to submit an updated JST.

_____ Once credit has been applied to your academic record, it cannot be removed.

Student Signature: _____

Veteran Coordinator Signature: _____

REGISTRAR'S OFFICE USE ONLY

Course Equivalency List:

Total Credit Hours Awarded: _____ Date: _____