

Whatcom

COMMUNITY COLLEGE

Graduation Department/Credential Evaluators
Laidlaw Center, Room 102
(360) 383-3036 (360) 383-3037

MILITARY CREDIT EVALUATION REQUEST

Name: _____ SID #: _____

Previous Name: _____

You must use this form when you are pursuing a degree or certificate from Whatcom Community College and are receiving VA benefits. It is your responsibility to provide official transcripts to the graduation department.

Degree or certificate you are pursuing

When do you plan on starting at Whatcom Community College?

1. I am currently enrolled for the following quarter

Fall Winter Spring Summer Year: _____

2. I have applied to start in the following quarter

Fall Winter Spring Summer Year: _____

JST- Joint Services Transcript information

JST Branch of Military Service _____

Civilian College(s) information

Institution name _____ Last attended _____

Institution name _____ Last attended _____

Institution name _____ Last attended _____

Institution name _____ Last attended _____

Student Signature _____ Date _____

Veteran Advisor Signature
(when applicable) _____ Date _____