

**Glendale Community College
Office of Admissions and Records**

VETERAN'S INTENT-TO-REGISTER AGREEMENT

Name: _____ GCC ID No.: _____

V.A. File No.: _____ Social Security No.: _____ Date of Birth: _____

Mail my subsequent checks to:

Address: _____
No. Street Apt# City State Zip Code

Telephone Number: () _____

Have you received VA benefits at Glendale Community College?

Yes No

Have you received VA benefits at any other institution?

Yes No

I intend to enroll for the: _____
Term / Year

Indicate your enrollment units, for the term and year listed above:

Fall/Spring

Full Time (12 units or more)

3/4 Time (9 to 11.5 units)

1/2 Time (6 to 8.5 units)

Summer/Winter

Full Time (4 units or more)

3/4 Time (3 to 3.5 units)

1/2 Time (2 to 2.5 units)

Student Status (check one)

Continuing from last semester.

Returning from absence.

New to Glendale Community College.

I intend to reenroll next semester in a continuation of my present program.

Yes No

I am repeating the following course: _____
Course Grade

Reason for repeat: _____

Student's signature: _____ **Date:** _____