

Secondary School:

Street Address:

City, ST, Zip:

SIGNATURE

DATE

Certifying Official:

## PRIMARY SCHOOL LETTER FOR VETERANS EDUCATION BENEFITS

Prescott Campus 1100 East Sheldon Street Prescott, Arizona 86301 Verde Valley Campus 601 Black Hills Drive Clarkdale, Arizona 86324

va.services@yc.edu
Toll-free 800-922-6787

Primary School: Yavapai College

City, ST, Zip: Prescott, AZ 86301

Certifying Official: Anabell Sartain

SIGNATURE

DATE

Street Address: 1100 East Sheldon Street

Phone 928-717-7613 Fax 928-776-2030 Phone 928-634-6502 Fax 928-634-6594

www.yc.edu

## This Section to be completed by the student

You may receive Veterans Education benefits for courses taken at a secondary school if these classes apply toward your program of study at Yavapai College. The semester start and end dates of these courses may not match those at Yavapai College. This will affect your benefit payments. Please check with the Yavapai College Veterans Services Office if you have questions.

- Please complete and sign this form with your YC Academic Advisor. For an appointment call 928-776-2106.
- Email the completed form to the Veterans Services Office at <u>va.services@yc.edu</u> as soon as possible.
- Yavapai College will email a copy of this form to your secondary school.
- Each school will submit an enrollment certification (VA form 22-1999) to the Department of Veterans Affairs, for the course taken at that school. The Department of Veterans Affairs combines the enrollments to determine your benefit.
- If you are a VA Vocational Rehabilitation (Chapter 31) student, ask your case manager to email an additional VA form 28-1905 directly to the Veterans Services Office at your secondary school.
- It is your responsibility to request official transcripts for these courses be sent to Yavapai College upon completion.
- You are responsible for informing the secondary school of your intent and complying with their requirements.

Phone:				Phone: 928-717-7613 Prescott Office		
Student Last Name	Student First Name	YC S	tudent ID	SSN (last four)	Benefit	VA File # for CH35
		Y				
This Section to be completed by the Yavapai College Academic Advisor						
I certify that the student named above requirements for this program and wi above. Please certify this coursework	is pursuing the program of ll transfer at full value to Ya	study at Y vapai Coll	avapai Colle	ge listed below and	d that the course(	
Yavapai College Program of Study		Semester		Beginning and Ending Date of course(s)		
Secondary School Course Title		Course #	Credits	YC Course Equivalent		
	Rec	quired S	Signatures	<u> </u>		
Student PRINT NAME	Rec	YC	Signatures Academic	_	PDIN'T NAME	YC Certifying Official

SIGNATURE

DATE