Office of Veterans Services
Request for Multiple Programs
St. Clair County Community College

Semester: ☐ Fall 20___ ☐ Winter 20___ ☐ Summer 20___

Name: _____ Student ID: _____

Telephone: _____ Social Security Number: _____

Program 1: Name of Program & Alpha Code _____
(Example: Accounting, AASAC)

Program 2: Name of Program & Alpha Code _____
(Example: Criminal Justice Generalist, AASCG)

Name of Career to which both programs relate: _____
(Example: Forensic Accountant)

Name of College(s) or University(s) to which student is applying (if known):

_____

_____

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____
☐ (Other Administrative Official)

VA Certifying Official (SCO): _____ Date: _____

10-25-19