Office of Counseling, Advising, and Matriculation VETERAN'S COMMUNICATION FORM

11.3WICCCD email. 11	ie couriseior wiir i	espond to your re	quest via email:	@iiiy.sii	iccu.euu	
O:(Print counselor's name)				DATE:		
(Print counsel	or's name)					
ROM:				G#:		
	¬					
_			nester YEAR:with your sto be made to my original		_	
1. My EDUCATION	AL GOAL is: (you	must be <u>specific</u> !)				
Complete an	associate degree	with a major in				
Complete a c	ertificate in					
_			and major in			
2. My original stud SUBJECT	COURSE	# OF	SUBJECT	COURSE	# OF	
ABBREVIATION	NUMBER	UNITS	ABBREVIATION	NUMBER	UNITS	
		-				
3. I am unable to re	egister for the fol	owing class(es):				
SUBJECT	COURSE	# OF	SUBJECT	COURSE	# OF	
ABBREVIATION	NUMBER	UNITS	ABBREVIATION	NUMBER	UNITS	
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4. Please modify m	ny SEP as noted be	elow:				
SUBJECT ABBREVIATION	COURSE NUMBER	# OF UNITS	SUBJECT ABBREVIATION	COURSE NUMBER	# OF UNITS	
		22			3.410	
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