

Ohlone Community College District
43600 Mission Boulevard
Fremont, CA 94539-5847
(510) 659-6000



Veterans Affairs Office
Building 7, Second Floor
(510) 659-6199
veteransaffairs@ohlone.edu

EVALUATION

TO BE COMPLETED BY STUDENT:

Student: _____ SS or ID #: _____

STUDENT: Please list the names of all other colleges you have attended and show the transcript(s) to the counselor. Without the transcript(s), the counselor cannot proceed.

TO BE COMPLETED BY COUNSELOR:

Check academic objective(s): A.A. A.S Certificate Transfer

Dual Majors? YES NO Are they related to the same career field? YES NO
(if NO, then he/she must choose one program only)

Major(s): _____

If transfer, indicates intended Transfer Institution:

Prerequisite or Basic Skills courses needed:

Courses which need to be repeated and why:

(Note: VA will not pay for repeat course unless the course is required to meet the academic objective.)

_____ Free elective units needed to meet unit requirement for academic objective.

PRIOR CREDITS EVALUATION

The veteran named above has entered or returned to Ohlone College having previous education at Ohlone and/or prior schools. The VA requires that Ohlone completes an evaluation for the veteran student's declared major. Only credit that applies toward completion of the student's program (etc. GE, major courses, and/or elective courses) should be reported. **DO NOT INCLUDE EXCESSIVE UNITS.** Please obtain all prior transcript(s) including Ohlone College to evaluate prior credits and fill out this form. Please give the student as many credits as possible to shorten the time length to finish this program.

The total number of college units earned was _____. Out of the total number of units earned, _____ are applicable to the student's current educational objective.

DD214 units (this part will be filled out by the evaluator): _____

Counselor Signature _____

Date: _____