

VETERANS ADDENDUM: GRADUATE COIN AND LANYARD REQUEST FORM



PLEASE RETURN COMPLETED FORM, ALONG WITH A COPY OF YOUR DEGREE AUDIT REPORT TO:

COLUMBUS STATE COMMUNITY COLLEGE
MILITARY AND VETERANS SERVICES DEPARTMENT
550 EAST SPRING STREET, DE 156
COLUMBUS OH 43215

THIS IS THE APPLICATION FOR THE CSCC CHALLENGE COIN AND LANYARD. THIS FORM IS TO BE COMPLETED AND SUBMITTED AFTER THE PETITION TO GRADUATE HAS BEEN TENDERED.
ALL FIELDS ARE REQUIRED FOR PROCESSING

STUDENT NAME: _____
LAST MI FIRST

COUGAR ID NUMBER: _____ DAYTIME PHONE: (____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CSCC STUDENT E-MAIL: _____@STUDENT.CSCC.EDU

PROGRAM OF STUDY: (CHECK ALL THAT APPLY.)

ASSOCIATE OF APPLIED SCIENCE: _____

ASSOCIATE OF ARTS ASSOCIATE OF SCIENCE

ASSOCIATE OF TECHNICAL STUDIES (A.T.S.) _____

CATALOG YEAR (WHICH CATALOG YEAR IS BEING FOLLOWED FOR DEGREE REQUIREMENTS): _____

MILITARY STATUS: ACTIVE VETERAN RESERVE RETIRED

MILITARY BRANCH: _____ LAST RANK ACHIEVED: _____

GI BILL EDUCATIONAL BENEFITS UTILIZED, IF ANY (CHECK ALL THAT APPLY):

CHAPTER #30 (MGIB) CHAPTER #33 (POST 9/11)
 CHAPTER #31 (VOC REHAB) CHAPTER #1606 (MGIB-R)
 CHAPTER #35 (DEA) FILE NUMBER: _____ CHAPTER #1607 (REAP)

PAYING IT FORWARD - COIN AND LANYARD SPONSORSHIP INFORMATION:

To be completed by Sponsoring Department or Military and Veterans Services

DEPARTMENT/ORGANIZATION NAME: _____

CONTACT PERSON: _____ DAYTIME PHONE: (____) _____

E-MAIL ADDRESS: _____ CONTRIBUTION AMOUNT: \$ _____

WILL YOU BE ATTENDING COMMENCEMENT, REPRESENTING YOUR DEPARTMENT/ORGANIZATION: YES NO