



STUDENT AGREEMENT REQUEST FORM

JCC Student ID Number # J: _____

Check Military Affiliation: Active Duty Reserve Family Member Veteran

Please print clearly

Last Name: _____ First Name: _____ Middle Initial: _____

Branch of Service (please check one)

Army Marine Navy Coast Guard Air Force Space Force

I understand that it is my responsibility to submit this request to reduce the residency credits required by Jefferson Community College.

Student Signature

Date

Telephone: _____

E-mail address: _____

Current Primary Academic Program: _____

Degree: A.S. A.A. A.A.S. A.O.S. CERT MICR

Concentration _____

Return the completed *Student Agreement Request Form* to:

Betsi Bentz, Coordinator of Military Services

bbentz@sunyjefferson.edu