



## 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**