



EVALUATION OF PREVIOUS EDUCATION AND TRAINING – VETERANS’ BENEFITS

All students applying for Veteran’s Educational Benefits must complete this form. Students will not be certified for benefits until this form has been completed in full, and submitted along with applicable DD-214, Member 4 Copy, and appropriate military transcripts and transcripts from all prior post-secondary institutions attended, to the Financial Aid Office, 1900 Springlake Drive, Oklahoma City, OK, 73111.

Applicant Name: _____

Applicant SSN or ID: _____ Phone Number: _____

Metro Technology Center Career Major: _____

1. *Education:

a. School Attended: _____

b. School Attended: _____

c. List of classes and hours taken that relate to that course:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

2. *Training

a. List places of training related to this course:

i. _____

ii. _____

iii. _____

*Please list additional schools and/or training on a separate sheet of paper.

3. Site Director/Instructor Narrative Evaluation of Training

4. Evaluation of training/education

a. Length of Career Major _____ Hours

b. Advanced Credit/Transfer Hours _____ Hours

c. Remaining Hours _____ Hours

5. I certify that the information contained herein is true and correct to the best of my knowledge.

Applicant: _____ Date: _____

Site Director/Instructor: _____ Date: _____