

**COSUMNES RIVER COLLEGE  
VETERAN'S SERVICES CONSORTIUM REQUEST  
FORM 2019-2020**

NAME: \_\_\_\_\_, \_\_\_\_\_ ID#: \_\_\_\_\_  
Last First

**DEADLINE TO FILE FOR CONSORTIUM:**

**Summer/Fall:** 1<sup>st</sup> Monday of June **Spring:** 1<sup>st</sup> Monday of January

A consortium may be granted when the class(es) required toward completion of the students educational goal (certificate, graduation, and transfer) that is not offered at CRC or the class(es) offered at CRC conflict with the student's class or work schedule.

Select Term (circle one) Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
Year Year Year

Briefly describe the reason(s) why you are not able to take the course(s) at CRC (if applicable, attach supporting documentation):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION**

I understand the only the course(s) required toward my educational objective will be considered and is approved by my academic counselor (counselor signature is required below). If I am no longer enrolled in the approved courses listed on my consortium at the time of review, the request will be null and void. I also understand that it is my responsibility to obtain course descriptions, outlines, transcripts, and other documents as needed to determine acceptance of the course(s) of the degree granting institution.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselors agrees that course(s) listed below are necessary for a certificate, graduation, or transfer:											
ARC	Units	Start /End Date	FLC	Units	Start /End Date	SCC	Units	Start /End Date	OTHER	Units	Start /End Date
<i>Total Units</i>			<i>Total Units</i>			<i>Total Units</i>			<i>Total Units</i>		

Counselor's Name (Please Print) \_\_\_\_\_ Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Once the forms are completed, students may send from their Los Rios email account to: [YangJ@crc.losrios.edu](mailto:YangJ@crc.losrios.edu) for processing.

**DO NOT WRITE BELOW THIS LINE**

- Consortium GRANTED with **ARC / FLC / SCC / OTHER** Term: **Fall / Spring / Summer**
- Consortium POSTPONED Date: \_\_\_\_\_ Pending: \_\_\_\_\_
- Consortium DENIED
- Accredited: **Y / N**
- If NO, list accreditation : \_\_\_\_\_

Veteran's Certifying Official's Signature \_\_\_\_\_ Date \_\_\_\_\_