

Parent School Letter Request



**PARADISE VALLEY
COMMUNITY COLLEGE**

Veteran Services Office
Room K108
18401 N 32nd St
Phoenix, AZ 85025
Email: veterans@paradisevalley.edu
Phone: 602-787-7045
Fax: 602-787-6545

Student Information

Student Name: _____
Last First Middle

Student ID Number: _____ Program of Study: _____

Student Email address: _____@maricopa.edu

Secondary Institution: _____

Term: _____ Benefits Chapter: _____
Term/Year

Course Information

List the courses you are requesting a Parent School Letter for:

Subject	Course No.	Course Title

Student Responsibility

I have consulted with my academic advisor to ensure these courses will transfer to Paradise Valley Community College and are applicable to my listed degree program. I understand that the Department of Veterans Affairs will not pay for courses that are outside the scope of my degree requirements and can recover the costs of courses outside the scope of my degree program from me.

Signature: _____

Date: ____ / ____ / ____
MM DD YYYY