

**GLENDALE COMMUNITY COLLEGE**  
**Office of Admission and Records**

**APPLICATION FOR CREDIT FOR MILITARY EXPERIENCE**

Credit will be allowed by Glendale Community College for military experience and will be recorded on the student's permanent record. The units will be designated as "Military Credit" on the transcript. Students must attached a photocopy of Notice of Separation (DD214 – Member 4) to this application. (The copy will not be returned to the student.)

Credit allowed would be recorded as unit credit (3 units) for Health Education and unit credit (2 units) for Physical Education toward the Associate Degree and an exemption and partial certification for the CSU Breadth Area E (lifelong Learning and Self Development), for students who have completed at least one year of military credit. In addition, one to three units of elective credit toward the AA/AS only will be given based on amount of time in the service. As a general rule, the CSU colleges will accept 3 semester units for basic training, but will only apply it as elective credit. UC colleges do not accept military service credit.

Three (3) units of credit for Health Education will be allowed and recorded for completion of basic training in the Selected Reserve Program, chapter 106. (Attach photocopy of DD 2384.)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
                    Last                      First                      Middle

ADDRESS: \_\_\_\_\_  
                    Number                      Street                      City                      State                      Zip

BIRTHDAY: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_  
                    MM/DD/YYYY

ENLISTMENT DATE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_  
                    MM/DD/YYYY                      MM/DD/YYYY

BRANCH OF SERVICE: \_\_\_\_\_  
                    Army, Navy, Airforce, etc...

\_\_\_\_\_  
Signature of Student

**DO NOT WRITE BELOW THIS LINE**

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Health: \_\_\_\_\_ P.E. \_\_\_\_\_ First Aid: \_\_\_\_\_ Elective Units (1-3): \_\_\_\_\_

Evaluated and Recorded by: \_\_\_\_\_ Date Recorded: \_\_\_\_\_  
                    Signature of Recorded