

Please Print

Name: _____ Student ID#: _____

Degree: BA BS Major: _____ Campus: _____

Military Branch of service: _____ Rank/Rating: _____

Installation, ship, or home port: _____ Years of Service: _____

<h2>Responsibilities of the SOC Student</h2>
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A student enrolled in a SOC program is responsible for:

- Requesting an official evaluation from Chapman (i.e. applying for admission), and arranging to provide all the necessary documents, including transcripts from other colleges and forms such as the SMART/AARTS/CCAF transcript and the DD 295 documenting military experience
- Updating the personal copy of the Student Agreement and reviewing your official Chapman University student program evaluation via WebAdvisor after completing courses each semester
- After attending and completing courses at another colleges, request that official transcripts are sent to Chapman University, Registrar's Office: Attention Articulation
- Sending official copies of test scores, military training, and occupational experience to Chapman for credit evaluation
- Requesting prior Chapman approval of courses/tests for which transfer is not guaranteed
- Completing degree in 7 years from date of when officially admitted to Chapman
- Maintaining contact with Advisor at Chapman home campus if relocated due to military assignment
- Filing an Intent to Graduate form with Chapman at the beginning of the semester in which final degree requirements will be completed

I hereby acknowledge my understanding and acceptance of my responsibilities as party to a SOC agreement

Student's signature: _____ Date: _____

CUC Campus use only:

Admitted to Chapman University College	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of credits completed (must complete a min. of 6 credits at Chapman after admitted)	Total Credits:	<input style="width: 80px; height: 25px;" type="text"/>
Active duty service member (one must be on file DD295, SMART, AARTS, or CCAF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to active duty service member (attach copy of military ID)	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent

CUC staff signature: _____ Date: _____