



JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
 OF CRIMINAL JUSTICE

OFFICE OF THE REGISTRAR
 445 WEST 59TH STREET, ROOM 4113N.
 NEW YORK, N.Y. 10019
 PHONE NUMBER 212-237-8878
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APPLICATION FOR CREDIT FOR MILITARY EXPERIENCE

Date: ____/____/____

 Last Name First MI Social Security Number

 Street Address City State Zip Code

Occupation: _____

Employed By: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

Dates of Active Service: Entered: _____ Separated: _____

The award of Military Service credit is limited to those students who have completed **A YEAR AND A DAY** of active duty **OR 6 MONTHS ACTIVE DUTY AND SATISFACTORY COMPLETION OF RESERVE OBLIGATION** (Discharge). Residence service schools are treated on an individual basis.

IMPORTANT: A COPY OF YOUR DD214 MUST ACCOMPANY THIS APPLICATION.

Service schools completed (include dates, course name & number, and location. Do **not** include correspondence courses, extension courses or on-the-job-training.):

Other significant data, if any: _____

IF APPROVED, 4 CREDITS FOR MILITARY SERVICE WILL BE ENTERED ON YOUR PERMANENT RECORD.