



Veterans First Program

Waiver of Wellness with DD214 w/ Honorable Discharge status

Student's Name: _____

Student ID #: _____

I have a DD214 with honorable discharge (DD214 member 4).

Choose an option below:

___ I would **like** to use my DD214 to waive the area of Wellness for Associates in Arts (AA) Degree or area of Kinesiology for Associates in Science (AS) Degree and be granted 3 elective units towards my degree plan.

___ I would **not like** to use my DD214 to waive the area of Wellness for Associates in Arts (AA) Degree or area of Kinesiology for Associates in Science (AS) Degree and be granted 3 elective units towards my degree plan.

Once approved, the waiver decision cannot be reversed.

If requesting the waiver and the 3 elective units, must attach a copy of my DD214 with honorable discharge (Member 4) with this waiver request form.

This document will be scanned into the student's Las Positas College file.

Student's Signature: _____

Date: ____/____/____

Counselor's Signature: _____

Date: ____/____/____

Or

Veterans Coordinator Signature: _____

Date: ____/____/____

File Scanned by NAME: _____

Date: _____