



**Military Spouses Program
Eligibility Form**

Scan and email to milspouses@coastline.edu
Or Fax to (714)241-6270

This form must be completed and submitted to Coastline’s Military Admissions and Registration Department in order to verify program eligibility prior to course registration. A certifying official must sign the bottom of the form prior to submission to Coastline.

Student’s Full Name: _____

Student ID # or Last 4 Digits of SSN: _____ Birthdate: _____

Email Address: _____ Phone #: _____

Expiration Date on Current Military Dependent ID Card: _____

Name of Active Duty Service Member: _____

Branch of Service: Airforce Army Coast Guard National Guard Navy Marines

Service Member’s Current Base/Installation: _____

Your Relationship to the Active Duty Service Member: Spouse Child Other _____

I certify that I am:

- A military dependent spouse or dependent family member of an active duty service member.
- At least 18 years old and/or have earned a GED or High School Diploma.
- Not an active duty service member myself.

By signing below I verify that the information I have provided above is true and correct.

Signature of Dependent Student _____
Date

The information below is to be completed and signed by a certifying official. Authorized officials include: Adjutants, Military Commanders, Educational Services Officers, Personnel Officers, Notary Publics and Coastline College Site Representatives.

I _____ certify that the information provided above is true and correct
(Typed/Printed Name of Certifying Official)
and that the above-named individual is a dependent of a United States Armed Forces active duty service member.

Signature of Certifying Official _____
Date

Certifying Official’s Title _____
Phone or Email