

KEAN UNIVERSITY OFFICE OF VETERAN STUDENT SERVICES

STUDENT EXIT FORM

Name:	
School ID	Chapter
Phone:	Email:
Address:	
Degree level: □ Undergradu	ate Graduate Major:
Number of credits completed_	
Completion date//_	(mm/dd/yyyy)
I attest that the information a	bove is true and accurate.
Student Signature	Date