



Request to Initiate a SOC Agreement

TO: Fort Hays State University- Virtual College

ATTN: SOC Evaluator

Virtual College

600 Park Street

Hays, KS 67601

Fax: 785.628.4043 or scan an email with signature dstaab@fhsu.edu

From: _____

(Name)

SSN: _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

My Duty Station/Reserve Center is: _____

Rank & Rate/MOS: _____

Branch of Service: _____ Years of service: _____ Active Duty: Yes _____ NO _____

My Program of Study is _____

Requesting (check one): SOCNAV (Navy) _____ SOCMAR (Marines) _____ SOCAD (ARMY) _____

SOCOAST (Coast Guard) _____

Spouse/Dependent of an active duty military member---which service? _____

I understand I must be enrolled in a Fort Hays State University course before my request is processed. In order to complete a thorough evaluation, Fort Hays State University documents:

1. Soc Evaluation Request Form (this page)
2. SMART, AARTS, Air Force, Air National Guard and/or Coast Guard Military Educational Transcript
3. CLEP/DSST test scores (if applicable)
4. Official college transcripts from other colleges/universities attended (if applicable)

Are you currently or have you already taken courses with Fort Hays State University

_____ Yes, if yes how many courses? _____

_____ No, if no when will you being taking courses? _____

(Requestor's Signature)

(Date)

FHSU Soc Evaluator Only:

Date Received: _____ Date Processed/Processor Initials: _____