

VA Enrollment Certification Form



Fax: (504) 568-5545 Email: veteran@lsuhsc.edu

Part 1: Student Information

| | | |
|--|---|--|
| Last Name, First Name Middle Initial | | LSUHSC ID (ex. 00123456) |
| Current Mailing Address, City, State, Zip Code | | |
| Email Address (Other than school email) | Phone (Include area code) | Date of Birth / / |
| Academic Level <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate | Major (Include minor/concentration if applicable) | Anticipated Graduation Date: Semester: Year: |

Part 2: Benefit Program

Have you ever received VA Educational Benefits at LSUHSC? Yes No → **Must attach COE letter** Are you currently on active duty? Yes No

Check the VA education program you will receive benefits under. Please check only one.

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|--|---|
| <input type="checkbox"/> Chapter 30 Montgomery GI Bill-Active Duty | <input type="checkbox"/> Chapter 31 Voc.Rehab ***Case Manager: |
| <input type="checkbox"/> Chapter 1606 Montgomery GI Bill-Selected Reserve | <input type="checkbox"/> Chapter 1607 Reserved Educational Assistance (REAP) |
| <input type="checkbox"/> Chapter 35 Dependents Educational Assistance | |

***VA File Number (new students): _____ ***Check here if you also receive the State Title 29 Tuition Exemption:

Chapter 33 Post-9/11 GI Bill ***What is your percentage of eligibility? _____ % ***Check if benefits were transferred from a parent or spouse:

***Other tuition payments you receive: None National Guard Exempt. Military TA Grad. Assistant Other Tuition Discount/Exemption/Scholarship

Part 3: Enrollment Certification Term: (please check) Fall Spring Summer Total Hours _____

List registered courses to submit to VA for certification.

| Course | Credits | Course | Credits |
|--------|---------|--------|---------|
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Part 4: Student Certification

Carefully read the following statements. Sign and date to confirm agreement.

- I understand that I must submit this form each semester I anticipate utilizing VA Benefits to veteran@lsuhsc.edu.
- I certify that I am registered for the courses listed above and all courses satisfy my degree requirements.
- I am required to attend and complete all registered courses in order to receive VA benefits.
- I understand that any changes in my enrollment (course drops, official & unofficial withdrawals) that affect my benefit payment amount will be reported to VA and I should report any drops and/or withdrawals to the VA Certifying Official by emailing veteran@lsuhsc.edu.
- I understand that debts may be incurred if I drop classes after add/drop and that my monthly stipend will be reduced. I understand that I am responsible for all debt owed to LSUHSC and/or VA resulting from any change to my enrollment.
- I am responsible for my tuition and fees at LSUHSC if my VA benefits fail to come in for any reason.
- LSUHSC Parking fee and stick fee is not included in tuition and fees to be billed to VA for payment.
- If I am not eligible to receive VA Benefits or the amount I receive does not cover full tuition & fees, I am still personally liable for said expenses.
- I am responsible for keeping track of how many months of benefits I have left by calling 1-888-442-4551 or through ebenefits.gov.
- I authorize LSUHSC to certify my enrollment for the above semester and release information to VA concerning my academic status.

→ **Student Signature:** _____ **Date:** _____

OFFICE USE ONLY

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|---|--------------------------------------|---|
| DEFER. LIST: <input type="checkbox"/> Yes <input type="checkbox"/> N/A: | EMAIL LIST: <input type="checkbox"/> | VA ONCE: <input type="checkbox"/> Bio. <input type="checkbox"/> Cert. Hours: / Ch33 Tuition: |
|---|--------------------------------------|---|