

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/Professional	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.

<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 ***Veteran Name and VA File Number (new students): ***Check here if you also receive the State Title 29 Tuition Exemption: <input type="checkbox"/>	
<input type="checkbox"/> Chapter 33 Post-9/11 GI Bill® ***What is your percentage of eligibility? % ***Check if benefits were transferred from a parent or spouse: <input type="checkbox"/> ***Other tuition payments you receive: <input type="checkbox"/> None <input type="checkbox"/> National Guard Exempt. <input type="checkbox"/> Military TA <input type="checkbox"/> Grad. Assistant <input type="checkbox"/> Other Tuition	

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

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		
DEFER. LIST: <input type="checkbox"/> Yes <input type="checkbox"/> N/A:	EMAIL LIST: <input type="checkbox"/>	Enrollment Manager: <input type="checkbox"/> Submitted _____ Ch33 Tuition: