Louisiana State University - Enrollment Certification Form Veteran Affairs

Complete this form to request to certify your enrollment with VA for education benefits.

Return to: Office of Enrollment Management Office: (225) 578-3103

Pleasant Hall Fax: (225) 578-6300

Baton Rouge, LA 70803 E-mail: va@lsu.edu

Part 3: Enrollment Certification Mark the term this certification is for: Fall Spring Sum Wint Int Spr Int Sum Int Online: Module List registered courses to submit to VA for certification. Only include courses that are required for your degree. *Chapter 33: If any of your courses are internship/externships/co-ops, please list zip code of location next to the correspondence class listed below.	Part 1: Student Information										
Pinne (Include area code) Date of Birth	Last Name, First Name Middle Initial					D					
Academic Level Graduate Major (Include minoriconcentration if applicable) Anticipated Graduation Semester: Year: Part 2: Benefit Program Have you ever received VA Educational Benefits at LSU? Yes No Check one: Active Duty Active Duty Spouse Active Duty Child Veteran Veteran Veteran Spouse Veteran Child Reserves Chapter 31 Voc. Rehab "Case Manager: Chapter 30 Montgomery of Bill-Active Duty Chapter 31 Voc. Rehab "Case Manager: Chapter 35 Dependents Educational Assistance "VA File Number: "Chapter 1607 Reserved Educational Assistance (REAP) Chapter 35 Dependents Educational Assistance "VA File Number: "Check if you are receiving Title 29/Exec Act 54: Chapter 35 Post-9/11 GI Bill "What is your percentage of eligibility? % "Check if benefits were transferred from a parent or spouse Part 3: Enrollment Certification Short Fall Spring Sum Wint Int Spr Int Sum Int Online: Module List registered courses to submit to VA for certification. Only include courses that are required for your degree. **Chapter 33: If any of your courses are internship/externships/co-ops, please list zip code of location next to the correspondence class listed below. Course Credits Repeat	Current Mailing Address City, State, Zip (Code									
Undergraduate Graduate Semester: Year:	Email Address				Phone (Include area code)			Date of Birth			
Undergraduate Graduate Semester: Year:	Academic Level	Major (Inclu	ıde minor/con	centration	if applicable	e)	Anticipate	ed Graduation			
Have you ever received VA Educational Benefits at LSU? Yes No											
Veteran Veteran Spouse Veteran Child Reserves Indicate the VA education program you will receive benefits under. Please check only one: Chapter 30 Montgomery Gi Bill-Active Duty Chapter 31 Voc. Rehab "Case Manager: Chapter 1606 Montgomery Gi Bill-Active Duty Chapter 1607 Reserved Educational Assistance (REAP) Chapter 1606 Montgomery Gi Bill-Selected Reserve Chapter 1607 Reserved Educational Assistance (REAP) Chapter 35 Dependents Educational Assistance "VA File Number:	Part 2: Benefit Program										
Chapter 30 Montgomery GI Bill-Active Duty	Have you ever received VA Educational Benefits at LSU? ☐ Yes ☐ No										
Chapter 1806 Montgomery Gl Bill-Selected Reserve	Indicate the VA education program you w	vill receive ber	nefits under. F	Please che	eck only one	:					
Chapter 35 Dependents Educational Assistance "VA File Number: "Check if you are receiving Title 29/Exec Act 54: Chapter 33 Post-9/11 GI Bill "What is your percentage of eligibility?	□ Chapter 30 Montgomery GI Bill-Active Duty				□ Chapter 31 Voc. Rehab * <u>Case Manager</u> :						
Chapter 33 Post-9/11 GI Bill "What is your percentage of eligibility?	☐ Chapter 1606 Montgomery GI Bill-Selected Reserve				☐ Chapter 1607 Reserved Educational Assistance (REAP)						
Mark the term this certification is for: Fall Spring Sum Wint Int Spr Int Sum Int Online: Module List registered courses to submit to VA for certification. Only include courses that are required for your degree. **Chapter 33: If any of your courses are internship/externships/co-ops, please list zip code of location next to the correspondence class listed below. Course Credits Repeat Cour	☐ Chapter 35 Dependents Educational	Assistance * <u>V</u>	A File Numbe	er:		☐ *Check if you a	are receivin	g Title 29/Exec	Act 54:		
Mark the term this certification is for: Fall Spring Sum Wint Int Spr Int Sum Int Online: Module List registered courses to submit to VA for certification. Only include courses that are required for your degree. **Chapter 33: If any of your courses are internship/externships/co-ops, please list zip code of location next to the correspondence class listed below. Course Credits Repeat Course Credits Repeat Course Credits Repeat Course Credits Repeat Course Credits Repeat Course Credits Repeat Course Credits Repeat Course Credits Repeat Course Credits Repeat Course Credits Repeat Course Credits Repeat Course Credits Repeat Credits Repeat Course C	□ Chapter 33 Post-9/11 GI Bill *What is your percentage of eligibility?% □ *Check if benefits were transferred from a parent or spouse										
List registered courses to submit to VA for certification. Only include courses that are required for your degree. *Chapter 33: If any of your courses are internship/externships/co-ops, please list zip code of location next to the correspondence class listed below. Course Credits Repeat Cou	Part 3: Enrollment Certificatio	n									
*Chapter 33: If any of your courses are internship/externships/co-ops, please list zip code of location next to the correspondence class listed below. Course	Mark the term this certification is	for: Fall	Spring	Sum	Wint Int	Spr Int Sum	ı Int	Online: Mod	dule		
Part 4: Student Certification Check each box below to show that you agree and understand each statement. I certify that I am registered for the courses listed above and that they satisfy my degree requirements and have been approved by my advisor. I understand that any changes in my enrollment that affect my benefit payment amount will be reported to VA. I understand that debts maybe incurred if I drop classes after add/drop and that my monthly stipend will be reduced. I understand that I am responsible for all debts owed to LSU and/or VA resulting from any change to my enrollment. I authorize LSU to certify my enrollment for the above semester(s) and release information to VA concerning my academic status. It is my responsibility to ensure that my class schedule has been secured by completing my registration. My classes will be dropped if I do not make payment arrangements by the payment deadlines listed in the LSU catalog. I am responsible for my tuition and fees at LSU if my VA benefits fail to come in for any reason. I am responsible for keeping track of how many months of benefits I have left by calling 1-888-442-4551 or through ebenefits.va.gov I will report any dropped classes to LSU VA va@lsu.edu 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. As a National Guard member using tuition exemption, I understand that I am financially responsible for all tuition and fees if I am placed on academic probation. Signature	*Chapter 33: If any of your cou	rses are in						of location n	ext to th	ie	
Part 4: Student Certification Check each box below to show that you agree and understand each statement. Certify that I am registered for the courses listed above and that they satisfy my degree requirements and have been approved by my advisor. I understand that any changes in my enrollment that affect my benefit payment amount will be reported to VA. I understand that debts maybe incurred if I drop classes after add/drop and that my monthly stipend will be reduced. I understand that I am responsible for all debts owed to LSU and/or VA resulting from any change to my enrollment. Lauthorize LSU to certify my enrollment for the above semester(s) and release information to VA concerning my academic status. It is my responsibility to ensure that my class schedule has been secured by completing my registration. My classes will be dropped if I do not make payment arrangements by the payment deadlines listed in the LSU catalog. Lam responsible for my tuition and fees at LSU if my VA benefits fail to come in for any reason. Lam responsible for keeping track of how many months of benefits I have left by calling 1-888-442-4551 or through ebenefits.va.gov Will report any dropped classes to LSU VA va@lsu.edu 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. As a National Guard member using tuition exemption, I understand that I am financially responsible for all tuition and fees if I am placed on academic probation. Signature	Course		Credits	Repeat	t	Cour	se		Credits	Repeat	
Part 4: Student Certification Check each box below to show that you agree and understand each statement. Certify that I am registered for the courses listed above and that they satisfy my degree requirements and have been approved by my advisor. Understand that any changes in my enrollment that affect my benefit payment amount will be reported to VA. Understand that debts maybe incurred if I drop classes after add/drop and that my monthly stipend will be reduced. I understand that I am responsible for all debts owed to LSU and/or VA resulting from any change to my enrollment. I authorize LSU to certify my enrollment for the above semester(s) and release information to VA concerning my academic status. It is my responsibility to ensure that my class schedule has been secured by completing my registration. My classes will be dropped if I do not make payment arrangements by the payment deadlines listed in the LSU catalog. I am responsible for my tuition and fees at LSU if my VA benefits fail to come in for any reason. I am responsible for keeping track of how many months of benefits I have left by calling 1-888-442-4551 or through ebenefits.va.gov I will report any dropped classes to LSU VA va@lsu.edu 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. As a National Guard member using tuition exemption, I understand that I am financially responsible for all tuition and fees if I am placed on academic probation. Signature											
Part 4: Student Certification Check each box below to show that you agree and understand each statement. Certify that I am registered for the courses listed above and that they satisfy my degree requirements and have been approved by my advisor. I understand that any changes in my enrollment that affect my benefit payment amount will be reported to VA. I understand that debts maybe incurred if I drop classes after add/drop and that my monthly stipend will be reduced. I understand that I am responsible for all debts owed to LSU and/or VA resulting from any change to my enrollment. I authorize LSU to certify my enrollment for the above semester(s) and release information to VA concerning my academic status. It is my responsibility to ensure that my class schedule has been secured by completing my registration. My classes will be dropped if I do not make payment arrangements by the payment deadlines listed in the LSU catalog. I am responsible for my tuition and fees at LSU if my VA benefits fail to come in for any reason. I am responsible for keeping track of how many months of benefits I have left by calling 1-888-442-4551 or through ebenefits.va.gov I will report any dropped classes to LSU VA va@lsu.edu 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. As a National Guard member using tuition exemption, I understand that I am financially responsible for all tuition and fees if I am placed on academic probation. Date:					_						
Check each box below to show that you agree and understand each statement.											
I certify that I am registered for the courses listed above and that they satisfy my degree requirements and have been approved by my advisor. I understand that any changes in my enrollment that affect my benefit payment amount will be reported to VA. I understand that debts maybe incurred if I drop classes after add/drop and that my monthly stipend will be reduced. I understand that I am responsible for all debts owed to LSU and/or VA resulting from any change to my enrollment. I authorize LSU to certify my enrollment for the above semester(s) and release information to VA concerning my academic status. It is my responsibility to ensure that my class schedule has been secured by completing my registration. My classes will be dropped if I do not make payment arrangements by the payment deadlines listed in the LSU catalog. I am responsible for my tuition and fees at LSU if my VA benefits fail to come in for any reason. I am responsible for keeping track of how many months of benefits I have left by calling 1-888-442-4551 or through ebenefits.va.gov I will report any dropped classes to LSU VA va@lsu.edu 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. As a National Guard member using tuition exemption, I understand that I am financially responsible for all tuition and fees if I am placed on academic probation. Signature	Part 4: Student Certification										
	□ I certify that I am registered formy advisor. □ I understand that any change □ I understand that debts may be that I am responsible for all description of I authorize LSU to certify my □ It is my responsibility to ensure dropped if I do not make pay □ I am responsible for my tuitio □ I am responsible for keeping ebenefits.va.gov □ I will report any dropped clas □ If I am not eligible to receive said expenses. □ As a National Guard member	es in my enrope incurred it lebts owed to enrollment for that my coment arrang on and fees and track of hoses to LSU VA benefits	es listed about that f I drop class o LSU and/of or the above lass schedulements by the LSU if my now many now the amout or the amout the amount the amoun	affect my ses after or VA res e semest le has be he paym VA bene nonths c	hat they say hat they say henefit pay henefits and reference secure hent deadline herits fail to confidentis herits fail to confidentis herits fail to confidentis herits	attisfy my degree restriction my degree restriction my monthly any change to my elease information d by completing restricted in the LS come in for any real have left by call of cover full tuition	I be reported by stipend we renrollment to VA concentrated U catalog. Ison. Iling 1-888-	ed to VA. will be reduced t. cerning my ac ution. My class 442-4551 or t m still persona	I. I unders ademic st ses will be through	tand atus. e	
OFFICE USE ONLY VET LIST: VA ONCE:	Signature	111.				·					
						•					