

# 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      E-mail: [va@lsu.edu](mailto:va@lsu.edu)  
 Baton Rouge, LA 70803

<b>Part 1: Student Information</b>	
Last Name, First Name Middle Initial	Student ID 89-
Current Mailing Address City, State, Zip Code	
Email Address	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 Semester:      Year:	

<b>Part 2: Benefit Program</b>	
Have you ever received VA Educational Benefits at LSU? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check one: <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Duty Spouse <input type="checkbox"/> Active Duty Child <input type="checkbox"/> Veteran <input type="checkbox"/> Veteran Spouse <input type="checkbox"/> Veteran Child <input type="checkbox"/> Reserves
Indicate the VA education program you will receive benefits under. Please check only one:	
<input type="checkbox"/> <b>Chapter 30</b> Montgomery GI Bill-Active Duty	<input type="checkbox"/> <b>Chapter 31</b> Voc. Rehab <i>*Case Manager:</i>
<input type="checkbox"/> <b>Chapter 1606</b> Montgomery GI Bill-Selected Reserve	<input type="checkbox"/> <b>Chapter 1607</b> Reserved Educational Assistance (REAP)
<input type="checkbox"/> <b>Chapter 35</b> Dependents Educational Assistance <i>*VA File Number:</i>	<input type="checkbox"/> <b>*Check if you are receiving Title 29/Exec Act 54:</b>
<input type="checkbox"/> <b>Chapter 33</b> Post-9/11 GI Bill <i>*What is your percentage of eligibility? _____%</i>	<input type="checkbox"/> <b>*Check if benefits were transferred from a parent or spouse</b>

<b>Part 3: Enrollment Certification</b>	
Mark the term this certification is for: <b>Fall</b> <b>Spring</b> <b>Sum</b> <b>Wint</b> <b>Int</b> <b>Spr</b> <b>Int</b> <b>Sum</b> <b>Int</b> <b>Online: Module</b>	

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
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

<b>Part 4: Student Certification</b>	
Check each box below to show that you agree and understand each statement.	
<input type="checkbox"/> 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. <input type="checkbox"/> I understand that any changes in my enrollment that affect my benefit payment amount will be reported to VA. <input type="checkbox"/> 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. <input type="checkbox"/> I authorize LSU to certify my enrollment for the above semester(s) and release information to VA concerning my academic status. <input type="checkbox"/> It is my responsibility to ensure that my class schedule has been secured by <b>completing my registration</b> . My classes will be dropped if I do not make payment arrangements by the payment deadlines listed in the LSU catalog. <input type="checkbox"/> I am responsible for my tuition and fees at LSU if my VA benefits fail to come in for any reason. <input type="checkbox"/> <b>I am responsible for keeping track of how many months of benefits I have left by calling 1-888-442-4551 or through <a href="http://ebenefits.va.gov">ebenefits.va.gov</a></b> <input type="checkbox"/> I will report any dropped classes to LSU VA <a href="mailto:va@lsu.edu">va@lsu.edu</a> <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____	Date: _____

OFFICE USE ONLY	VET LIST:	VA ONCE:
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