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
Pleasant Hall
Baton Rouge, LA 70803
Office: (225) 578-3103
E-mail: va@lsu.edu

Part 1: Student Information

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 ☐ Undergraduate ☐ Graduate	Major (Include minor/concentration 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 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-Selected Reserve	☐ **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 33** 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

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
	0	☐		0	☐
	0	☐		0	☐
	0	☐		0	☐
	0	☐		0	☐

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_____ **Date:** _____

OFFICE USE ONLY	VET LIST:	VA ONCE: