

# 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](mailto:va@lsu.edu)

<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. <b>Only include courses that are required for your degree.</b> <b><i>*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.</i></b>					
<b>Course</b>	<b>Credits</b>	<b>Repeat</b>	<b>Course</b>	<b>Credits</b>	<b>Repeat</b>
		<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>					
<b>Check each box below to show that you agree and understand each statement.</b>					
<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:	