

University of Louisiana at Lafayette
 Office of Veteran and Military Student Services
Enrollment Certification Form

Email form to Veterans@louisiana.edu

YEAR: 20_____ SEMESTER: Fall Winter Spring Summer Intersession: Yes

** FIRST TIME USING GI BILL AT THIS SCHOOL? Yes-> Attach your **Certificate of Eligibility** to this document **

Part 1: Student Information		
Last Name, First Name Middle Initial		University ID (C00123456) C
Current Mailing Address, City, State, Zip Code (for VA Education notices)		
Personal Email Address (Other than school email for VA Education)		Phone (Include area code)
		Date of Birth (Month/Day/Year) / / /
Academic Level <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		Major (Include minor / concentration if applicable)
Part 2: Benefit Program		
<input type="checkbox"/> Chapter 30 Montgomery GI Bill-Active Duty		<input type="checkbox"/> Chapter 1606 Montgomery GI Bill-Selected Reserve
<input type="checkbox"/> Chapter 31 Vocational Rehabilitation & Employment ***COUNSELOR'S EMAIL:		@va.gov
<input type="checkbox"/> Chapter 35 Dependents Educational Assistance **New Students Only** VA File Number: _____ Qualifying Veteran's Name: _____		
Check here if you also receive the State Title 29 Tuition Exemption: <input type="checkbox"/>		(First Name) (Last Name)
<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 may receive: Financial Aid <input type="checkbox"/> National Guard Exempt <input type="checkbox"/> Military TA <input type="checkbox"/> Grad. Assistant <input type="checkbox"/> Other Tuition Discount/Exemption/School Benefit <input type="checkbox"/>		
Part 3:		
Carefully read and initial to confirm agreement:		
____ I am REGISTERED FOR COURSES and all courses satisfy my degree requirements and have been approved by my advisor.		
____ I understand that only courses that are required for my degree will be certified and submitted to VA.		
____ I understand short courses are those that only meet half of the semester (7 or 8 weeks) and <u>may affect my VA monthly payment rate</u> .		
____ I am required to attend and complete all registered courses in order to receive VA benefits.		
____ I understand that debts may be incurred if I drop classes after the last day to add/drop and <u>may affect my VA monthly payment rate</u> .		
____ I am responsible for all debts owed to UL and/or VA resulting from any change to my enrollment.		
____ Any changes in my enrollment (course drops, official & unofficial withdrawals) will be reported to VA and <u>could affect my payments</u> .		
____ I authorize UL Lafayette to certify my enrollment for the above semester(s) and release information to VA concerning my academic status.		
X		
Student Signature & Date		
OFFICE USE ONLY		
CH. 33 LIST: <input type="checkbox"/> Yes <input type="checkbox"/> N/A	EMAIL LIST: <input type="checkbox"/>	VA EM <input type="checkbox"/> Cert. Hours:
		NOTES: