

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.					
<div>X</div> <div>Student Signature & Date</div>					
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:	