Louisiana College Financial Aid Office Tel: (318)487-7386 Fax: (318)487-7449

1140 College Drive

Pineville, LA 71360

**VETERANS’ CERTIFICATION DATA FORM**

# **Fall 20\_\_\_ Spring 20\_\_\_ Summer 20\_\_\_**

NAME: ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_

SSN:

Student lD#: Major/Degree Plan: Graduation Year:

TELEPHONE (Cell) : - - EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ New Student: When and how was your application submitted? \_\_\_ VONAPP (online) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Transfer Student: Request an official transcript from your previous institution(s) and complete Change of Training Place FORM #22-1995. (Unable to certify student’s enrollment without this form.)

Visiting Student—Primary Institution: *(Submit a letter from your primary institution stating that the credit(s) that you plan to take at LC will be accepted toward your degree.)*

\_\_\_ Returning Student—Last term attended at LC:

CLASSIFICATION: \_\_\_FR \_\_\_SO \_\_\_JR \_\_\_SR \_\_\_GRAD

Do you have a degree? \_\_\_ NO \_\_\_YES If yes, \_\_\_2 yr or \_\_\_4 yr

VA ELIGIBILITY: \_\_\_Ch 30 (Montgomery GI Bill) \_\_\_Ch 31 (VA Voc Rehab) \_\_\_Ch 32 (VEAP)

\_\_\_Ch 33 (Post 9/11 GI Bill) \_\_\_Ch 35 (Dependent of Vet\*\*) \_\_\_Ch 1606 (Reserves/Guard) \_\_\_TA Tuition Assistance

(Go Army Ed)

*\*\**Note to Chapter 35 Student, please provide following information:

Name of VA Parent/Spouse: Phone #

SS # VA File #

\_\_\_Are you VA Work-Study? If so, you will need to coordinate job with VA Certifying Official at LC. Application for Work-Study Allowance available in Financial Aid Office or <http://www.vba.va.gov/pubs/forms/VBA-22-8691-ARE.pdf>

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| NOTE TO:  1. All VA Students | 2. New Student or Never Used VA Benefits Before | 3. Transfer Student - Used VA Benefits Before |
| 1. Complete and submit this VA Data Form each semester with your advisor’s signature. 2. Indicate any course repeats and tell why (include W and F grades.) 3. All students except for Chapter 31, 33 & 35, need to verify hours at the end of each month at [http://www.qibill.va.Nov/resources/verify attendance/index.html](http://www.qibill.va.Nov/resources/verify%20attendance/index.html) or call 1-888-442-4551 4. Register early to avoid delay in benefits.   6. All Post *9/11* students must submit a copy of Certificate of Eligibility | If you have never used your benefits:   1. Complete and submit Form 22-1990 at [http://www.qibiIl va.gov/apply-for-benefits/](http://www.qibiIlva.gov/apply-for-benefits/) 2. Complete and submit this VA Data Form each semester with advisor’s signature. | 1. Used benefits before: complete and   submit VA Form 22-1995. [http://www.vba.va.oov/pubs/forms/VBA-](http://www.vba.va.oov/pubs/forms/VBA-%20)  22-1995-ARE.pdf   1. Complete and submit this VA Data Form each semester with advisor’s signature. |

Current semester courses: Please list your courses for this semester in the table below. **All hours pursued must apply toward your Degree Program or be a required prerequisite to a course in your Degree Program.** All courses added, dropped or audited must be reported to the LC Financial Aid Office immediately. Please note that VA will not pay for Audited Courses, courses that do not fulfill graduation and repeated courses that have been successfully completed.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| COURSE NAME & # | REPEAT? YES NO | | HOURS | COURSE NAME & # | REPEAT?  YES NO | | HOURS |
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**Off-Campus Training: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address**(include zip code)\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Any repeats, explain why:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that payment may be received 4-12 weeks after certification is received by the Veterans’ Regional Office.**

**ALL** course(s) listed above lead to my degree. I understand that only “F" grades or courses that must be completed with a certain grade or grade point average can be repeated. I hereby authorize VA Certifying Official to release information to the Veterans’ Administration concerning my status, as a VA student at LC. **I will immediately notify the Certifying Official of all changes that occur in my enrollment.** I understand that failure to do so may result in a delay of benefit payment or an over-payment with VA. I also understand that if I choose to stop attending my classes, VA will be notified, and this may also cause an over-payment with VA.

*Veterans Affairs Office: 1-888-442-4551 or* [*www.qibill.va.qov*](http://www.qibill.va.qov/) *to check status of benefits, to print form/application or if you have questions. VA will email notification when enrollment is certified.. Make sure that the courses listed above match your schedule. Also, complete this form if at any time you add a class or drop a class and attach a copy of your schedule. If this form is incomplete, this will cause a delay in certification.*

I have read and understand the above and will check my email for updates and information.

STUDENT SIGNATURE DATE

*Please return this completed form to: Pam Skluzacek, VA SCO*

*Louisiana College Financial Aid Office*

*Box 582*

*Pineville, LA 71359*

*PHONE: 318-487-7719 FAX: 318-487-7449*

*EMAIL:* pamela.skluzacek@lacollege.edu