

VETERANS' CERTIFICATION DATA FORM

Fall 20____ Spring 20____ Summer 20____

NAME: _____

SSN: _____

ADDRESS: _____

Student ID#: _____

Major/Degree Plan: _____

Graduation Year: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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>

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.gov/resources/verify_attendance/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.qibill.va.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.gov/pubs/forms/VBA-22-1995-ARE.pdf 2. 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.

COURSE NAME & #	REPEAT?		HOURS	COURSE NAME & #	REPEAT?		HOURS
	YES	NO			YES	NO	

Off-Campus Training: Name _____ **Address**(include zip code) _____

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.gibill.va.gov 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*