

## LSUA VA Certification Data Form

Semester

Year

Is this a revised schedule?  Yes  No

### Student Information

FIRST NAME		LAST NAME		MI	VA File No. / SSN
ADDRESS					BIRTHDATE
CITY	STATE	ZIP CODE	PHONE		

### School Information

Check the current status that applies to you:

- New student to VA never used benefits anywhere
- Continuing VA student attended LSU-A last semester
- Visiting student ONLY. You must submit a letter from your primary school stating that the credits you are registered in with LSU-A will be accepted at their school. List Primary Institution: \_\_\_\_\_
- Transfer student (used benefits at another institution)
- Re-entry student, used benefits at LSUA previously

#### Note to all VA students:

- Complete and submit this VA Data Form every semester.
- All students must register with W.A.V.E at <https://www.gibill.va.gov/wave/index.do>
- All Post 9/11 students must submit a copy of their Certificate of Eligibility
- VA students (except National Guard) must maintain a 2.0 or higher cumulative GPA
- *If your GPA drops below a 2.0 you have 2 semesters of probation to increase your GPA back to the eligible 2.0*
- *failure to regain a 2.0 within your probation period will result in a loss of benefits until a 2.0 is met*

#### Note to new students or student who have never used VA Benefits

1. Complete and submit Form 22-1990 at <http://benefits.va.gov/gibill/apply.asp>
2. Complete and submit VA Data Form every semester.
3. Chapter 35 recipients will need to present their original State Exemption Certificate for Title 29
4. National Guard students who are eligible for the state exemption need to call 504-278-8304 to ensure your name is on the eligibility list

#### Note to transfer students who used VA Benefits before

1. Complete and submit VA Form 22-1995 <http://www.va.gov/vaforms/>
2. Complete and submit this form every semester
3. Chapter 35 recipients present your original State Exemption Certificate for Title 29
4. Nation Guard students who are eligible for the state exemption need to call 504-278-8304 to ensure your name is on the eligibility list

### VA Status - If you receive Title 29 as well as Chapter 35 please check both boxes

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Active Duty                    | <input type="checkbox"/> Chapter 30 Montgomery GI Bill | <input type="checkbox"/> Chapter 31 Voc Rehab        |
| <input type="checkbox"/> Chapter 32 Reg. Discharge VEAP | <input type="checkbox"/> Chapter 33 Post 9/11 GI Bill  | <input type="checkbox"/> Chapter 35 Dependent of Vet |
| <input type="checkbox"/> Reserve/Guard (Chapter 1606)   |  | <input type="checkbox"/> Title 29 State Exemption    |

Chapter 35 student's of a disabled or deceased vet, the following information must be provided

_____ Name of VA Parent/Spouse	_____ VA Parent/Spouse SSN	_____ VA Parent/Spouse VA File No.	_____ VA Parent/Spouse Phone #
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## National Guard Exemption

Are you eligible for the LA National Guard State Exemption to pay for tuition? Your name must be on the LA National Guard Exemption list and you must be admitted to LSU-A in good standing.

Yes  No

## Degree Program

Below please list your degree program for this current semester. The courses listed below must apply toward this degree program as you and your academic advisor are certifying below. **If you recently have changed your major please attach the signed curriculum change along with this form. If your degree below does not match your LSUA transcript we will be unable to certify your enrollment to the VA.**

\_\_\_\_\_  
Current degree program

I have attached a curriculum change form

## Course Schedule

Please list your enrolled courses for the semester you are applying for benefits in the table below. **\*We can only certify those hours you are enrolled in, if you have not added the below classes to your schedule, or are on a wait-list, they will not be certified. You may notify us via LSUA email once you are enrolled in those courses.\*** All hours pursued must apply towards your degree program or be a required pre-requisite to a course in your degree program. All courses added, dropped, or audited must be reported to the LSUA VA Office. Please note that the VA will not pay for audited courses, courses that do not fulfill graduation, and repeated courses that have been successfully been completed - includes bankrupted hours.

Course & No	Hours	Course & No	Hours

**\*\*Students enrolled in clinical, practicum, student teaching, internships, or externships MUST also complete the following page and include yours and your academic advisors signature on that as well. Any form not correctly completed will not be processed, which includes payments.**

## Certification & Signature

I certify that the courses listed above lead toward my degree. I hereby authorize the VA Certifying Official to release information to the Veteran's Administration concerning my status as a VA student at LSU-A. **I will immediately notify the Certifying Official of all changes that occur in my enrollment by submitting a revised form.** I understand that failure to do so may result in a delay of payment or an overpayment with the VA. I also understand that if I stop attending my classes, VA will be notified and this may too cause an overpayment to my from VA. Overpayments must be repaid by you, the student.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student LSUA Email

### To be completed by the student's academic advisor:

This student is taking required courses toward his/her degree plan and the degree program listed on this form matches the degree program on the student's LSU-A transcript.

\_\_\_\_\_  
Advisor Name  
Please print

\_\_\_\_\_  
Advisor Office Extension #

\_\_\_\_\_  
Advisor Email Address

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

Below please list the following requested information for certification of your clinical/practicum/student teaching/internship/externship hours. The zip code must be included with the address.

Site Name	
Site Address	
Total weekly hours at site	

Days at site: Check all that apply  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

## Certification & Signature

I certify that the courses listed above lead toward my degree. I hereby authorize the VA Certifying Official to release information to the Veteran's Administration concerning my status as a VA student at LSU-A. 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 payment or an overpayment with the VA. I also understand that if I stop attending my classes, VA will be notified and this may too cause an overpayment to my from VA.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student LSUA Email

### To be completed by the student's academic advisor:

This student is taking required courses toward his/her degree plan and the information listed above is accurate to the best of your knowledge.

\_\_\_\_\_  
Advisor Name  
*Please print*

\_\_\_\_\_  
Advisor Office Extension #

\_\_\_\_\_  
Advisor Email Address

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date