

**Office of the Registrar**

1501 Kings Hwy. Room 1-212

Shreveport, LA 71130

Phone: (318) 675-5205

Fax: (318) 675-4758

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ LSUHSC Student ID: \_\_\_\_\_

LSUHSC email address: \_\_\_\_\_ Alternate email: \_\_\_\_\_

SSN (VA File # - Chapter 35 only) \_\_\_\_\_

**Program of study:** (Select one)  Physical Therapy  Occupational Therapy  Physician Assistant  
 Communication Disorders  Cardiopulmonary Science  Medical Lab Science  
 Medical Student  Graduate Studies (Basic Sciences)

SECTION A: Certification Request

Indicate the current certification semester/term and number of hours enrolled for current semester/term. Requested

Semester/Term \_\_\_\_\_ (i.e., Fall 2018) Hours enrolled/enrolling \_\_\_\_\_

Offsite practicum/externship/internship/electives/rotations:

**As part of the Harry W. Colmery Veterans Educational Assistance Act of 2017, also known as the “Forever GI Bill (FGIB),” Section 107 of the law requires VA to calculate monthly housing payments based on the location of the campus where a student attends the majority of their classes. If you are a student Veteran, please keep in mind your campus’s zip code may affect your payment amount. A “campus” may include internships, externships, training, practicums, etc. VA is working with your School Certifying Officials to implement this change and ensure you receive your monthly housing payment. Students can expect to see changes in their monthly housing allowance after August 1, 2018.**

Location \_\_\_\_\_ Course Code/Class number \_\_\_\_\_

Location \_\_\_\_\_ Course Code/Class number \_\_\_\_\_

Location \_\_\_\_\_ Course Code/Class number \_\_\_\_\_

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SECTION B: Benefit Information - Select the appropriate category

1) I am a Veteran or on Active Duty

Post 9/11 (Chapter 33)  Montgomery GI Bill (Chapter 30)  Voc Rehab (Chapter 31)

REAP (Chapter 1607) Please indicate:  Guard  Reserve

Selected Reserve (Chapter 1606) Please indicate:  Guard  Reserve  
(NEW 1606 - MUST provide a copy of NOBE)

If you checked Chapters 30, 31, 1606 or 1607, did you serve after September 11, 2001?  Yes  No

I am on Active Duty  Yes  No

If yes, are you receiving additional aid from the Department of Defense?

What type? \_\_\_\_\_ (Active Duty TA, EDD, Top Up, etc.)

2) I am a Dependent/Spouse

Dependents' Educational Assistance Chapter 35 (dependent/spouse of a 100% totally and permanently disabled or deceased veteran)

Post 9/11 (Chapter 33) parent or spouse was on active duty when benefits were transferred

SECTION C: Students who have never used/received benefits at LSUHSC

I have never used VA benefits at any institution. I have applied online using VONAPP at [www.gibill.va.gov](http://www.gibill.va.gov)  
VONAPP Confirmation Number \_\_\_\_\_ Date Submitted \_\_\_\_\_

I am a student new to LSUHSC who has received VA benefits at another institution and have completed a 22-1995 (Veteran/Active Duty using Chapter 30, 31, 33, 1606 or 1607) OR 22-5495 (dependent/spouse using Chapter 33 or 35)  
Change of Place of Training form at [www.gibill.va.gov](http://www.gibill.va.gov)  
VONAPP Confirmation Number \_\_\_\_\_ Date Submitted \_\_\_\_\_

SECTION D: Rules and Regulations

As a recipient of VA educational benefits, LSUHSC Veterans Office would like to inform you of the VA rules and regulations that apply to you. It is your responsibility to understand and abide by them. Educational benefits are paid based on registration and specific grade criteria. If you have any questions about these rules and regulations, please contact the Office of the Registrar.

Please initial beside each statement to confirm that you have read and understand the information.

All official university email correspondence will be sent to my LSUHSC.EDU account from the VA Certifying Official.

I understand that I must submit this form every semester in order to receive my benefits.

I will ensure that all courses are required for my degree program. I understand that the VA will not pay for courses that exceed the minimum number of credits required for graduation.

I understand that I will not be paid by the VA for courses for which I have already received credit unless

I must be enrolled full time in my program in order to receive 100% MHA (Monthly Housing Allowance).

I understand I am not eligible for the MHA while on Active Duty.

I am responsible for my tuition and fees at LSUHSC if my Post 9-11 payment fails to come in for any reason.

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SECTION E: Chapters 30, 1606 or 1607 recipients ONLY, please initial

\_\_\_\_\_ In order to maintain my benefit eligibility, I must verify my enrollment at the end of each month of the semester by calling 1(877) 828-2378 OR online at [www.gibill.va.gov/wave](http://www.gibill.va.gov/wave)

I have read the rules and regulations regarding VA benefits at LSU Health Sciences Center and agree to abide by those policies. Current federal VA regulations are available at [www.gibill.va.gov](http://www.gibill.va.gov). I agree to allow reporting of my enrollment status to the Department of Veteran Affairs for the purpose of receiving benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(By signing this form, I certify that the information provided is correct to the best of my knowledge.) You may submit this form via email to [shvreg@lsuhsc.edu](mailto:shvreg@lsuhsc.edu) or fax to (318) 675-4758

Revised 7/26/18