



Veterans Certification Request-

Office of the Registrar

1501 Kings Hwy.
Admin Building, 4-403
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 _____

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
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
VONAPP Confirmation Number _____ Date Submitted _____

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SECTION D: Students with outside scholarships, waivers etc:

“The actual net cost for in-state tuition and fees assessed by the institution for the program of education after the application of any waiver of, or reduction in, Tuition and Fees; and any scholarship, or other Federal, State, institutional or employer-based aid or assistance (excluding loans and title IV funds) that is provided directly to the institution and specifically designated for the sole purpose of defraying tuition and fees. Aid or assistance that is designated for the sole purpose of reducing a student’s Tuition and Fee cost should be deducted from the net in-state charges reported to VA. “

_____ I do not have any outside scholarships, waivers, etc that would affect my tuition and fees.

_____ I do have outside scholarships, waivers, etc that affect my tuition and fees:

Please list all outside scholarships, waivers, etc.

SECTION E: Rules and Regulations

As a recipient of VA educational benefits, LSUHS 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.

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

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. 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 registrar@lsuhs.edu or fax to (318) 675-4758