



## VETERANS' CERTIFICATION DATA FORM

**SEMESTER:** \_\_\_\_\_ **YEAR** \_\_\_\_\_

NAME: \_\_\_\_\_ VA FILE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ DOB: \_\_\_\_\_

TELEPHONE (H): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ALTERNATIVE PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAJOR / DEGREE PLAN: \_\_\_\_\_ 2 year \_\_\_\_\_ 4 year \_\_\_\_\_

HAVE YOU CHANGED YOUR DEGREE PROGRAM?  YES  NO

(NOTE: If YES, please complete a change of major FORM # 22-1995 and evaluation form. Unable to certify students without this form.)

CHANGED DEGREE PROGRAM FROM \_\_\_\_\_ TO \_\_\_\_\_ (Complete FORM # 22-1995)

CLASSIFICATION:  FR  SO  JR  SR  GRAD  CONT ED (Every 30 earned hours)

ANTICIPATED COLLEGE GRADUATION DATE: \_\_\_\_\_ Do you have a degree?  NO  YES If yes,  2 yr. or  4. yr

VA STATUS: (Please check only one)

- |  |   |
|--|---|
| <input type="checkbox"/> Dependent (Chapter 35)              | <input type="checkbox"/> Reg. Discharge (32-VEAP)     |
| <input type="checkbox"/> Active Duty                         | <input type="checkbox"/> VA Voc. Rehab. (Chapter 31)  |
| <input type="checkbox"/> Montgomery New GI-Bill (Chapter 30) | <input type="checkbox"/> Reserve/Guard (Chapter 1606) |
|  | <input type="checkbox"/> Reserve/Guard (Chapter 1607) |

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

Name of VA Paren/Spouse: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 SSN No.: \_\_\_\_\_ VA File No. \_\_\_\_\_

Check current status that applies:

- |  |   |
|--|---|
| <input type="checkbox"/> New student never used benefits anywhere.   | <input type="checkbox"/> Transfer student (used benefits at another institution). |
| <input type="checkbox"/> Continuing student attended LSUA last semester using GI-Bill  | <input type="checkbox"/> Re-entry student, used benefits at LSUA previously       |
| <input type="checkbox"/> Visiting student only _____ Primary Institution. (Submit a letter from your primary school stating that your credit(s) that you're taking with LSU Alexandria will be accepted. |   |

NOTE TO: 1) ALL STUDENTS	2) NEW STUDENTS	3) TRANSFER STUDENTS
1. Complete and submit this VA Data Form each semester with your advisor's signature. 2. Indicate any course repeats and tell why (include bankruptcy hours.) 3. All students except for Chapter 31 & 35, go to <a href="http://www.gibill.va.gov">www.gibill.va.gov</a> to verify your hours at the end of each month. 4. Register early.	+ <b>ALL students</b> are to complete and submit Form 22-1990/Submit a copy of DD214 and Certificate of Eligibility. + <b>National Guard</b> need to submit a copy of NOBE and Kicker Contract + <b>Chapter 35</b> -submit a copy of Exemption Certificate (if eligible).	+ <b>ALL students</b> are to complete and submit Form 22-1995/Submit a copy of DD214 and Certificate of Eligibility. + <b>National Guard</b> need to submit a copy of NOBE and Kicker Contract + <b>Chapter 35</b> -submit a copy of Exemption Certificate (if eligible).

