

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 Transfer student (used benefits at another institution)
- Continuing VA student attended LSU-A last semester Re-entry student, used benefits at LSUA previously
- 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: _____

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

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

- Complete and submit Form 22-1990 at <http://benefits.va.gov/gibill/apply.asp>
- Complete and submit VA Data Form every semester.
- Chapter 35 recipients will need to present their original State Exemption Certificate for Title 29
- 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

- Complete and submit VA Form 22-1995 <http://www.va.gov/vaforms/>
- Complete and submit this form every semester
- Chapter 35 recipients present your original State Exemption Certificate for Title 29
- 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

- Active Duty Chapter 30 Montgomery GI Bill Chapter 31 Voc Rehab
- Chapter 32 Reg. Discharge VEAP Chapter 33 Post 9/11 GI Bill Chapter 35 Dependent of Vet
- Reserve/Guard (Chapter 1606) 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 #

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. 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 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