



## VETERANS' CERTIFICATION DATA FORM

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

**Is this a revised schedule?**     **YES**     **NO**

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

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

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

**TELEPHONE (H):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **(W):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **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"/> 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 The Post-9/11 GI Bill (NEW)	<input type="checkbox"/> Chapter 35 Dependent of Vet **
<input type="checkbox"/> Reserve/Guard (Chapter 1606/1607)		

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

*Name of VA Parent/Spouse:* \_\_\_\_\_ *PHONE NO.* \_\_\_\_\_

*SSN No.:* \_\_\_\_\_ *VA File No.* \_\_\_\_\_

Check current status that applies:

New student never used benefits anywhere.

Transfer student (used benefits at another institution)\*\*

*\*\* (Complete a 22-1995 and submit an evaluation of credits.)*

Continuing student attended LSUA last semester using GI-Bill

Re-entry student, used benefits at LSUA previously

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 or call 1-888-GIBILL1. 4. If you change your major, complete 22-1995 and an evaluation of credits to be accepted. 5. Register early to avoid delays in benefits.	If you have never used your benefits: 1. Complete and submit Form 22-1990 at <a href="http://www.gibill.va.gov">www.gibill.va.gov</a> . 2. Complete and submit this VA Data Form each semester. + <b>Chapter 35</b> -submit a copy of Exemption Certificate (if eligible). 3. National Guard students who are eligible for the state exemption needs to call 1-800-899-6355 to make sure their name is on the eligibility list. Must not be on probation and have a valid military ID.	<b>Used benefits before:</b> complete and submit Form 22-1995 and an evaluation of transcript – total hours accepted. <b>Never used benefits:</b> complete form 22-1990 at <a href="http://www.gibill.va.gov">www.gibill.va.gov</a> and submit an evaluation of your transcript. Complete and submit this form each semester. + <b>Chapter 35</b> -submit a copy of Exemption Certificate (if eligible).

Current semester courses: Please list your courses for this semester in the table below. All hours pursued must apply toward your Degree Program or be a required prerequisite to a course in your Degree Program. All courses added, dropped or audited must be reported to the LSUA VA office immediately. Please note that VA will not pay for **Audited Courses, courses that do not fulfill graduation, and repeated courses that have been successfully completed.** (This includes bankruptcy hours.)

COURSE & NO.	REPEAT?		HOURS	COURSE & NO.	REPEAT?		HOURS
	YES	NO			YES	NO	

Any repeats: \_\_\_ YES \_\_\_ NO If YES, explain why: \_\_\_\_\_

**Please note that payment may be received 4-12 weeks after certification is received by the Veterans' Regional Office.**

The course(s) listed above lead toward my degree. I understand that only "F" grades or courses that have to be completed with a certain grade or grade point average can be repeated. I hereby authorize VA Certifying Official to release information to the Veterans' Administration concerning my status as a VA student at LSUA. **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 of my benefits or an over payment with VA.

*Veterans Affairs ofc: 1-888-GIBILLI or [www.gibill.va.gov](http://www.gibill.va.gov) to check status of benefits, to print form/application or if you have questions. Each VA student will be mailed a copy of their electronic certification once this form has been processed. Please allow 2-3 weeks for processing. Make sure that the courses on this form, matches your actual schedule. Also, complete this form if at anytime you add a class or drop a class, please submit a copy of your schedule and write "VA schedule change" across the front.*

I have read and I understand the above paragraphs:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SSN

\_\_\_\_\_  
DATE

**To be completed by student's academic advisor:**

This student is taking required courses toward his/her degree plan. If the student is repeating a course, state the reason why below:

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature and Title

\_\_\_\_\_  
Date

*Please return this completed form to:  
LSU of Alexandria, Financial Aid and Scholarship  
8100 Highway 71 South  
Alexandria, LA 71302  
(318) 473-6423*

**REV: 3/3/09**