LSU Health NEW ORLEANS

Veterans Education Benefits Enrollment Certification Form

Student Information

1. LSUHSC-NO Student ID# (ex. 5432109) *

2. Last Name *

3. First Name *

4. Middle Name *

5. Date of Birth *

6. Personal Email Address (do not use your LSU Health Sciences email) *

7. Primary Telephone Number (ex. 123-456-7890) *

8. Program of Study *

VA Education Benefits Summary

9. Is this your first time receiving VA Education Benefits at LSUHSC New Orleans? *

If so, you are required to attach proof of your VA Education Benefits below.

10. Will you begin using different benefits than you have used in previous semester(s)? *

If so, you are required to attach proof of your VA Education Benefits below.

11. Which VA program will you receive benefits under? *

Select only one.

12. If you will receive Chapter 31, enter your case manager's name and contact information below. *

13. If you will receive Chapter 33, what is your percentage of eligibility? *

14. If you will receive Chapter 33, will you receive any of the following tuition payments? *

15. If you will receive Chapter 33, do your benefits transfer from your parent(s) or your spouse? *

16. If you will receive Chapter 35, enter your veteran's name and either their VA file number or social security number below. *

17. If you will receive Chapter 35, do you also receive or plan to receive Louisiana State Title 29 Tuition Exemption? *

18. What is your military status? *

19. Attach a copy of your Certificate of Eligibility (COE) or Decision Letter here. *

Upload File

Enrollment Term Information

20. For which semester are you reporting your enrollment? *

21. List the courses you are enrolled in to submit to Veterans Affair for certification.

Chapter 33: If any of your courses are internships/externships/co-ops, list the location zip code next to the corresponding class below.

When submitting this survey, you confirm you are aware of the following conditions:

- I understand that I must submit this form each semester I anticipate utilizing VA Education Benefits.
- I certify that I am registered for the courses listed above and all courses satisfy my degree requirements.
- I am required to attend and complete all registered course in order to receive VA Education Benefits.
- I understand that any changes to my enrollment (course drops, official and unofficial withdrawal) that affect my benefit payment amount will be reported to VA and I should report any drops and/or withdrawals to the VA Certifying Official by emailing veteran@lsuhsc.edu.
- I understand that debts may be incurred if I drop classes after the drop/add date, and that my monthly stipend may be reduced. I understand that I am responsible for all debt owed to LSUHSC New Orleans and/or VA resulting from any change to my enrollment.
- I am responsible for my tuition and fees at LSUHSC New Orleans if my VA benefits fail to disburse to me for any reason.
- LSUHSC New Orleans parking fee is not included in tuition and fees to be billed to VA for payment.
- If I am not eligible to receive VA Education Benefits or the amount I receive does not cover full tuition and fees, I am still personally liable for said expenses.
- I am responsible for keeping track of how many months of benefits I have remaining by calling 1-888-442-4551 or through ask.va.gov.
- I authorize LSUHSC New Orleans to certify my enrollment for the semester mentioned above and to release information to VA concerning my academic status.

I've read the above information and would like to continue my certification *

Sign your name in the space below*

Submit Form