



South Louisiana Community College Request to Certify Enrollment for VA Education Benefits

Return to: Financial Aid Office • 1101 Bertrand Drive • Lafayette, LA 70506
Fax: (337) 521-8992 • E-mail: Certifying_Official@solacc.edu

*****This form must be completed each semester VA benefits are requested*****

Part 1: Student Information									
Last Name, First Name Middle Initial							LoLA ID:		
Current Mailing Address City, State, Zip Code									
Email Address (Other than school email)					Phone (Include area code)			Date of Birth	
								/ /	
Social Security No.:			Current Program/Major (Include minor/concentration if applicable):				Certification Requested:		
							Semester:		Year:
Do you receive any of the following? <input type="checkbox"/> Tuition Scholarship (i.e. TOPS) <input type="checkbox"/> Tuition Exemption (National Guard) <input type="checkbox"/> Tuition Assistance <input type="checkbox"/> None									
Part 2: Benefit Program									
Have you ever received VA Educational Benefits at SLCC? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you currently on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Indicate the VA education program you will receive benefits under. Please check only one:									
<input type="checkbox"/> Chapter 30 Montgomery GI Bill-Active Duty					<input type="checkbox"/> Chapter 31 Voc. Rehab *Case Manager: _____			<input type="checkbox"/> VRAP	
<input type="checkbox"/> Chapter 1606 Montgomery GI Bill-Selected Reserve					<input type="checkbox"/> Chapter 1607 Reserved Educational Assistance (REAP)				
<input type="checkbox"/> Chapter 35 Survivors & Dependents Assistance *VA File Number: _____					Check if you also receive the LA State Fee Exemption: <input type="checkbox"/>				
<input type="checkbox"/> Chapter 33 Post-9/11 GI Bill *What is your percentage of eligibility? _____%					Check if benefits were transferred from a parent or spouse: <input type="checkbox"/>				
Part 3: Certification of Enrollment/Advising									
Secondary School Student Schedule (only if attending 2 schools at one time). <i>If visiting another school, please attach the current course schedule as well as transcripts from all previously attended schools, so a Parent School Letter can be generated. If SLCC is not your primary school, we will not certify without a Parent School Letter from the primary school.</i>									
List registered courses that you are requesting to be certified for. Only include courses that are required for your degree.									
Course	Credits	Online/ Hybrid	Repeat	Applicable toward degree?	Course	Credits	Online/ Hybrid	Repeat	Applicable toward degree?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part 4: Veterans Statement of Understanding									
<ul style="list-style-type: none"> I understand it takes 4-8 weeks for the VA Regional office to process my educational benefits. Payment is made retroactive to the beginning of the sem. I understand that all official transcripts of prior college work and military schools must be on file and evaluated by the end of the first semester of attendance at my primary college. NOTE: Failure to submit official transcripts will delay further VA enrollment certifications. I understand that each semester I will be required to complete a "Request to Certify Enrollment" in order to utilize and continue my educational benefits. I understand that I cannot count the units of SELF PACED CLASSES or ONLINE REMEDIAL COURSES towards my education benefits. I understand that it is my responsibility to report any changes (Adds/Drops/Withdrawals) to the SLCC Veteran Certifying Official. I certify that I am registered for the courses listed above and that they satisfy my degree requirements and have been approved by my advisor. I understand that I am required to complete all courses in order to be eligible to receive VA benefits for them. I understand that any changes in my enrollment that affect my payment amount will be reported to VA. I understand that am responsible for all debts owed to SLCC and/or VA resulting from any reduction of my enrollment. I authorize SLCC to certify my enrollment for the above semester(s) and release information to VA concerning my academic status. 									
→Student Signature:							Date:		
Part 5: Academic/Faculty Certification									
<ul style="list-style-type: none"> The persons signing below certifies that all of the information reported is complete and correct, and that the courses mentioned above are applicable towards the degree for which the student is enrolled. 									
→Academic/Faculty Signature:							Date:		