



# 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](mailto:Certifying.Official@solacc.edu)

**\*\*\*This form must be completed and submitted along with your school schedule each term 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: Term: 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"/> <b>Chapter 30</b> Montgomery GI Bill-Active Duty	<input type="checkbox"/> <b>Chapter 31</b> Voc. Rehab *Case Manager: _____
<input type="checkbox"/> <b>Chapter 1606</b> Montgomery GI Bill-Selected Reserve	<input type="checkbox"/> <b>Chapter 1607</b> Reserved Educational Assistance (REAP)
<input type="checkbox"/> <b>Chapter 35</b> Survivors & Dependents Assistance *VA File Number (Veteran's SSN #):	Check if you also receive the LA State Fee Exemption: <input type="checkbox"/>
<input type="checkbox"/> <b>Chapter 33</b> 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). 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.

**ATTENTION CH. 33 (Post 9/11) STUDENTS: Please list zip codes for courses scheduled below.**

List registered courses that you are requesting to be certified for. Only include courses that are required for your degree.  
ACADEMIC ADVISORS NEED TO CHECK "YES" OR "NO" IF COURSE IS APPLICABLE TOWARDS DEGREE.

Course	Zip Code	Credit Hours	Online/Hybrid	Repeat	Applicable toward degree?	Course	Zip Code	Credit Hours	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 (PLEASE READ and INITIAL EACH STATEMENT)

- \_\_\_\_ I understand it takes 4-8 weeks for the VA Regional office to process my education benefits. Payment are made retroactive to the beginning of the term.
- \_\_\_\_ 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 term of attendance at my primary college. NOTE: Failure to submit official transcripts will delay further VA enrollment certifications.
- \_\_\_\_ I understand that each term I will be required to complete a "Request to Certify Enrollment" in order to utilize and continue my education 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 understand that enrolled courses, not a part of my curriculum, will not be certified and I am responsible for paying tuition for these courses.
- \_\_\_\_ 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 I 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 term(s) and release information to VA concerning my academic status.

→Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 5: Academic/Faculty Certification

• The person 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: \_\_\_\_\_