SOUTHERN UNIVERSITY SHREVEPORT LOUISIANA

Excellence • Integrity • Accountability • Service • Diversity

Records and Registration

VA Enrollment Certification Request Form

The following information must be completed (please print) before your certification can be submitted to the Regional VA Office. Consult with your Academic Advisor to verify your Schedule of Courses. Upon completion, submit this form, a copy of the *Certificate of Eligibility, 1905 or Exemption Certificate* and a copy of your paid receipt to the Registrar's Office for processing each semester.

Year _____ SEMESTER: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer III

Name _____ SUSLA Student ID# _____
Last First MI Maiden

Date of Birth _____ Phone Number _____ Major: Select One from the Dropdown Menu Below

E-mail Address: _____ **@skymail.susla.edu**

Personal E-mail Address: _____

NOTE: An email address is required to receive updates about your VA benefits.

	Yes	No
Is this your first time requesting VA Benefits at SUSLA? ***(If yes, the Certificate of Eligibility is required***		
Have you received VA Benefits at any other institution? If Yes, please list:		
Are you currently on active duty?		
Are you a visiting student?		
Do you receive any of the following? Tuition Scholarship (i.e., TOPS), Tuition Exemption (i.e., National Guard) Military Tuition Assistance		
Have you ever declared Academic Bankruptcy or Amnesty?		
Are you enrolled in classes at another institution this semester?		

CHAPTER: Please check the appropriate box. ☐ **33/Post 911 (**GI Bill) ☐ **31 (**Vocational Rehabilitation**)**

☐ **30 (**Montgomery GI Bill**)** ☐ **1606 (**National Guard, Reserve or Navy**)** ☐ **LA State Fee Exemption Certificate**

☐ **35 (**Spouse or Dependents**) Veteran's Social Security Number** _____

CRN	COURSE PREFIX	COURSE NUMBER	SECTION NUMBER	CREDIT HOURS	COURSE NAME	CLINICAL/TRAINING SITE LOCATION

Your **Academic Advisor** must verify that the courses you are enrolled in leads to an Associate Degree, Certificate or Technical Diploma in the above mentioned program of study (major).

_____

Advisor's Name (*please print*) **Signature** **Date**

The completion of this form authorizes the Veteran's School Certifying Official to certify my enrollment and provide academic record information to the Department of Veterans Affairs.

It is my responsibility to notify the Veteran's School Certifying Official if I add or drop any courses, withdraw from the University, change my major, or have any other changes in my enrollment status or registration. I may do this in person or through my student email to registraroffice@susla.edu.

I understand that SUSLA will process the VA Data Form, via "VA ONCE", after the official census date (14th class day for Fall and Spring/7th class day for Summer) of each semester.

Registrar's Office Use Only	
Certification Date	
Certification ID#	
Processed by:	

_____

Student's Signature **Date**