University of Louisiana at Lafayette Office of Veteran and Military Student Services

Enrollment Certification Form

Email form to Veterans@louisiana.edu

Semester/Year														
□ ** FIRST TIME USING GI BILL AT THIS SCHOOL? ** You will need to turn in your Certificate of Eligibility (COE)														
Part 1: Student Information														
Last Name, First Name Middle Initial									University ID (C00123456)					
Current Mailing Address, City, State, Zip Code (for VA Education notices)														
Personal Email Address (Other than school email for VA Education)						Phone (Include area code)				Date of Birth				
Academic Level Major (Include minor/concentrat						 on if applicable)				, ,				
☐ Undergraduate ☐ Grad	luate		`			,								
	Part 2: Benefit Program													
								tgomery GI Bill-Selected Reserve						
☐ Chapter 31 Vocational Re	MAIL:	@va.gov												
□ Chapter 35 Dependents Educational Assistance *VA File Number (new students only):														
Check here if you also receive the State Title 29 Tuition Exemption: Qualifying Veteran's Name:														
□ Chapter 33 Post-9/11 GI Bill ***What is your percentage of eligibility? % ***Check if benefits were transferred from a parent or spouse: □														
**Other tuition payments you receive: Financial Aid National Guard Exempt Military TA Grad. Assistant Other Tuition Discount/Exemption/School														
Part 3: Enrollment Cer														
List registered courses to														
Short courses are those that only meet half of the semester (3 or 4 weeks). These courses may affect your VA monthly payment rate. ***Only courses that are required for your degree will be submitted to VA; will be verified via Degree Works and/or Advisor***														
Only courses that are	required re	,, you	ii acgic	c will be	Subiiii	ted to VA, Will be ve	illica v	ia Degree	· · ·	3 4114/01	Advisor			
Course (i.e. ENGL 101)	Credits		Short B term)	Online	Repe	at Course		Credits		Short B term)	Online	Repeat		
		A	_ B						A	B				
		Α	_ B						Α	B				
		A	_ B						A	B				
		Α	B						Α	B				
Part 4:														
Carefully read and initial	to confirm	agre	ement:											
				l courses s	atisfy m	/ degree requirements a	and have	been approv	ed by	mv advis	or.			
I am registered for the courses listed above and all courses satisfy my degree requirements and have been approved by my advisor.														
I am required to attend and complete all registered courses in order to receive VA benefits.														
Any changes in my enrollment (course drops, official & unofficial withdrawals) will be reported to VA and could affect my payments.														
I am responsible for all debts owed to UL and/or VA resulting from any change to my enrollment.														
I authorize UL Lafayette to certify my enrollment for the above semester(s) and release information to VA concerning my academic status.														
X						Date:								
Student Signature Date:														
OFFICE LIGE ONLY														
OH COLICE SY	OFFICE USE ONLY							NOTES:						
CH. 33 LIST: □Yes □ N/A	EMAI	EMAIL LIST: □ VA EM □ Cert. Hours:												