



VA ENROLLMENT CERTIFICATION

(Complete each quarter and return to the LA Tech VA Certifying Official, Sheila Sanchez)

**Failure to turn in this form each quarter may delay benefits. **

Personal Information

Name _____ SS # _____

Address _____
 Street _____ City/State _____ Zip Code _____

E-mail Address _____ Phone # _____

Enrollment Information

Degree/Major _____ Qtr/Yr you plan to graduate _____

This certification is for Fall _____ Winter _____ Spring _____ Summer _____ Year _____

List all courses enrolled in for this quarter that are counting toward your degree program/major.

Course Name and Number	Hours	On-line? (yes or no)	Remedial? (yes or no)
TOTAL NUMBER OF HOURS			

_____ I agree to report any enrollment changes to the VA Certifying Official.

_____ I certify that I have not received prior credit for any course for which I am registered this quarter.

_____ I understand that the Veterans Administration will not award benefits for courses which are not credited toward my degree program; nor for courses for which I have previously earned credit, unless required by Louisiana Tech University.

Chapter of Benefits

I am requesting benefits for the following chapter:

_____ Chapter 30: Montgomery GI Bill (MGIB)

_____ Chapter 31: Vocational Rehabilitation

_____ Chapter 32: VEAP

_____ Chapter 33: Post 9/11 GI Bill

_____ Chapter 35: Survivors and Dependents Benefit*

_____ Chapter 1606: National Guard/Selected Reserve

_____ Chapter 1607: Selected Reserve Active Duty

*If Chapter 35, indicate VA file # here: _____

History of Your VA Benefits

If you are a continuing VA student at Tech, please sign below and turn in.

If you are one of the following please check one, sign below and complete the back of this form, page 2.

Transfer Student New Student Visiting Student Readmitted Student

Student's Signature

Date