



VETERAN'S CERTIFICATION REQUEST (VCR)

Name: _____ University ID: W _____

SSN/VA File Number: _____ GI Bill Months Left: _____

Address: _____ City: _____ ZIP: _____

Phone: (_____) _____ - _____ Email: _____

VA Education Benefit being used (select one)	
	Chapter 33 (Post-9/11 GI BILL) <i>What Eligibility Percentage?</i> _____ % Must also complete 3rd party billing form with Accounts Receivable
	Chapter 30 (Montgomery GI Bill Active Duty)
	Chapter 1606 (Montgomery GI Bill Selected Reserve/NG)
	LA National Guard Tuition Exemption
	Military Tuition Assistance/ MYCAA
	Chapter 35 (Dependents Education Assistance Program) <i>What is your VA File Number?</i> _____
	Marine Gunnery Sergeant John David Fry Scholarship
	Chapter 31 (Vocational Rehabilitation and Employment) <i>When does your 1905 expire? (MM/DD/YYYY)</i> _____

What Semester?	
	Fall = Aug - Dec
	Spring = Jan - May
	Summer = May - July

Academic Program Information (*Your program must agree with that listed in the university official record*)

Current Degree program {*Ex: BSN Nursing*}: _____

Courses Taken			
Course Title: <i>Example: Freshman Academic Success</i>	Course ID# <i>SE 101</i>	Hours <i>3</i>	In Degree Plan <i>Y or N</i>
1.			
2.			
3.			
4.			
5.			
6.			
For Office Use Only: Signature	Hrs Certified		

The completion of this form authorizes the Office of Military and Veterans Affairs. I understand that I must complete this form each semester to receive benefits. It is my responsibility to notify the Office of Military and Veterans Affairs immediately upon adding, dropping or withdrawing from a course. Office of Military and Veteran Affairs: Phone: **985-549-5041**, Fax: **985-549-5041**, Email: veterans@southeastern.edu

STUDENT SIGNATURE: _____ **DATE:** _____

Please read, initial, sign and submit the "Memorandum of Understanding" on Page 2 of this form.

Memorandum of Understanding

RESPONSIBILITIES OF THE VETERAN STUDENT CHAPTERS 30, 31, 33, 35, 1606 AND 1607:

I understand that I must adhere to the certification rules established by Southeastern Louisiana University and all requirements of Veteran's Affairs to use the GI Bill (Chapters 30, 32, 33, 35, 1606 and 1607) or VA Vocational Rehabilitation (Chapter 31). I am responsible for reading the information provided by Southeastern Louisiana University (university catalog/student handbook) and following up if I do not understand the information provided.

It is my responsibility to complete a Veteran's Certification Request each time I wish to use GI Bill benefits or Chapter 31 benefits. I will consult with a School Certifying Official each semester and submit a signed form after I register for classes. The only classes I will be certified for are classes that are required to complete my stated program objective. I will allow 2-3 weeks (longer for initial applications or during peak times) for the Certifying Official to process this paperwork. If I am a Chapter 31 student, I understand that my classes may drop if I do not allow the Certifying Official 2-3 weeks to process my paperwork. If I am a Chapter 30/32/33/35/1606 and 1607 student, I understand that the VA may take up to 90 days (or longer) to process initial applications and up to 8 weeks (or longer) for students who have used their benefits before.

If I wish to change my program objectives, I understand that I must notify the Certifying Official by completing the proper paperwork (form "22-1995" for Chapter 30/32/33/1606 and 1607 or form "22-5495" for Chapter 35). I realize that I will not be certified until I return all the necessary paperwork. If I am using Chapter 31 benefits, I understand that I must consult with and receive permission from my Vocational Rehabilitation Counselor to change my program objective. I understand that my benefits stipend checks will never be sent directly to the college to pay for tuition and fees (except Chapter 33 AND Chapter 31) and it is my sole responsibility to pay for tuition and fees.

If I withdraw, audit or drop a class, I will notify the Certifying Official at the university immediately. I understand that withdrawing from a course could affect The Department of Veteran Affairs payment of tuition, fees, book stipend and monthly stipend. I understand that it is my responsibility to pay Southeastern Louisiana University tuition and fees that the Department of Veteran Affairs does not cover. I recognize that it is my responsibility to request my JST or CCAF Military Transcripts. I also understand that by signing this form I agree to allow Southeastern Louisiana University to request my JST Transcripts. I have read and understand the above responsibilities and agree to comply to receive VA Educational Benefits at Southeastern Louisiana University.

The Veterans Administration Department will not pay for the following: Audited Courses - Courses that are attended but not taken for a grade, Repeated Courses - Courses that are retaken by the student, but are not required to be retaken for his/her degree program and Non-Major Courses - Courses that are not required in your major. The Veterans Administration has a few exceptions that include: Courses that are required by the student's department to be repeated for a minimum grade. (Ex. The student is required to make a minimum grade of "C" but earned a grade of "D" or below). Additional courses may be taken to ensure the full-time status of a graduating student in the final semester before graduation only. This does not apply to those receiving Chapter 31 benefit.

Student Agreement:	
Exceptions: transient students submit a transient form and parent letter from your primary institution.	
I certify all the above classes will apply for the current major that I am enrolled in. I also certify, that I am responsible for tuition and fee's that the Department of Veteran Affairs does not pay.	<i>Initial</i>
I certify that I have been advised that JST or CCAF Military Transcripts are required if I served in the US Armed Forces.	<i>Initial</i>
I certify that I have been advised that to receive full benefits I must be enrolled in a full-time schedule.	<i>Initial</i>

Signature

Date Rev. 06/10/21 (2 of 2 pages)

STOP!!! Only Fill out Third Party Billing Form if using CH 31 or CH 33 Post 911



Veteran Affairs (VA) RECEIVABLE FORM
Third Party Billing Tuition Assistance

Student Name [] W# []

Mailing Address [] Date of Birth []/[]/[]

City [] State [] ZIP [] Cell Phone ([]) [] Driver's License # []

Third Party Billing Organization [] Semester []

Will you receive a National Guard tuition waiver? Check one: Yes [] No []

Are you an SLU employee, dependent, or GA? Check one: Yes [] No []

NOTE: You are required to submit a recent (dated within four months) Award Certificate (letter) from the VA or a printout of your current online Ebenefits Statement as well as a copy of your driver's license or state ID card.

RELEASE OF PERSONAL INFORMATION: I authorize Southeastern Louisiana University to release my personal information as required to the Third Party Billing Organization or its representatives. The information may include anything listed on this form, costs associated with the semester, courses, partial or entire social security number and grades earned in classes taken.

Students' Responsibility:

I understand that if the third party billing organization fails to provide payment for the total amount credited to my account, I will be responsible for paying the unpaid balance promptly.

Delinquent Accounts:

I agree and understand that failure to make payments of all debts after VA payments are received, including this debt and/or prior semester debts will result in a block from early registration and that I will not be allowed to enroll in the University until such debts are paid. Furthermore, academic records (transcripts, diploma, etc.) will not be released until the debt is paid in full.

Collection Costs:

I bind and obligate myself to pay the fees of the collection agency employed, including collection fees of thirty-three and one third percent (33 1/3%) of the aggregate amount recovered plus court costs, attorney fees and expenses. This applies when balances are left unpaid after VA payments or adjustments are received and/or posted to my student account.

I have read the statements and agree to the above terms.

Student's Signature [] Date []

Table with 3 columns: CONTROLLER'S OFFICE USE ONLY, Total Billable Amount, and monetary values. Rows include Organization #, Contract, Eligibility, Percent, Billable Amount Term 1, Billable Amount Regular Session, Billable Amount Term 2, Tuition Receivable Amount, and Date Posted.

Controller's Office Signature [] Date []