



# Veterans Certification Request (VCR) Southeastern Louisiana University



Name: \_\_\_\_\_ University ID#: W \_\_\_\_\_ Phone: \_\_\_\_\_  
 Last 4 of SSN: \_\_\_\_\_ Email Address you use: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Degree Program: \_\_\_\_\_ Expected Graduation Year/Month: \_\_\_\_\_

**What funding programs are you using? (Select all that apply)**

- Louisiana National Guard Tuition Exemption
- Patriot Scholarship (NG Undergraduate students only)
- Federal Tuition Assistance (FTA) Army/Air NG & Reserves only
- Title 29 Tuition Waiver-Louisiana Dependents Education Assistance
- Chapter 30-Montgomery GI Bill® Active Duty
- Chapter 31-Vocational Rehab and Employment (VR&E)
- Chapter 33-Post 9/11 GI Bill®
- Chapter 35- Federal Dependents Education Assistance
- Full name of your veteran parent (for Ch. 35): \_\_\_\_\_
- Chapter 1606- Montgomery GI Bill Selected Reserve (NG & Reserves)

**Please circle all that apply to you:**

- Prior Service/Currently Serving
- Active Duty/Reserves/National Guard
- Marine Corps/Navy/Army/Air Force/  
Space Force/Coast Guard
- Military Spouse/Dependent Child

Have you submitted your Joint Services Transcript to Admissions? Yes/No  
 Have you completed your FAFSA for 2024-2025 school year? Yes/No  
 Do we have a copy of your Certificate(s) of Eligibility? Yes/No  
 Is this your first semester attending Southeastern? Yes/No

Have deployed/Never deployed

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Class Schedule			
Course Title:	Course ID: (SE 101)	Hours	Online?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Hours:</b>		_____	_____

Due to compliance laws, the OMVS can not process benefits without the submission of all eligibility documentation.

The completion of this form authorizes the Office of Military and Veteran Success (OMVS) to implement benefits on my behalf and contact the VA/National Guard to confirm my eligibility. I understand that I must complete this form each semester in order to receive benefits. I understand it is my responsibility to notify the OMVS immediately upon adding, dropping or withdrawing from a course.

If you are utilizing **Ch. 33, Ch. 31 or Federal Tuition Assistance benefits**, you must complete the Third Party billing form on paper and turn the original copy in to our office. We must have original signatures on this form and make a copy of your driver's license. This form may not be completed online or turned in via email.

If you are using the **Title 29 tuition waiver**, you must bring the original Title 29 certificate to our office for us to keep on file.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Memorandum of Understanding

I understand that I must adhere to the certification rules established by Southeastern Louisiana University and all requirements of the VA to use any GI Bill® (Chapters 30, 31, 33, 35, 1606) program or other funding source. 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.

I understand that I am responsible for notifying the OMVS if there are any changes to my class schedule or enrollment. I know that if I withdraw from a class after the drop date that I will be held financially and academically responsible for those classes.

I understand that I must maintain full-time enrollment for the entire semester or I will either lose my benefits entirely (Title 29 recipients) or my payments will be reduced to the below full time rate. I may also owe money back to the VA for reducing below full time mid-semester.

If I am using Federal Tuition Assistance to pay for classes, I understand I must create an education goal on **www.armyignited.army.mil** and submit my Tuition Assistance Request (TAR) no later than 7 days before the start of classes. If I fail to submit the TAR on time, then the Army will not pay for my courses and I will have to either pay out-of-pocket or miss out on enrolling this semester.

I understand that the VA will not pay for me to take classes outside of my degree plan. The only exception is during my final semester- I may add classes in order to obtain full-time enrollment status. NO EXCEPTIONS.

I certify that all of the classes I listed on Page 1 are part of my approved degree plan. Initial \_\_\_\_\_

I certify that I have been advised that National Guard covers tuition and mandatory fees only. I am responsible for paying for my textbooks, ID fee, on-campus housing, meal plan, and parking registration. Initial \_\_\_\_\_

I certify that I understand I must verify my enrollment with the VA each month either by phone or online if I am using Post 9/11 or Ch. 1606. Otherwise, I will not get paid or it will be severely delayed. Initial \_\_\_\_\_

I know I must contact the OMVS via email if I wish to drop or add a class mid-semester. Initial \_\_\_\_\_

I certify that I will notify the OMVS if I am falling behind in class and need tutorial assistance. Initial \_\_\_\_\_

I certify that if I am placed on any mandatory, emergency military orders that I will notify the OMVS immediately and supply a copy of such orders. I will also notify my professors immediately. Initial \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Would you like someone from our office to schedule a counseling session with you in order to discuss other benefits you may be eligible for? Yes/No

Do you give permission for us to discuss details of your education benefits with anyone else besides you? Yes/No  
If yes, please write their name(s) and relationship to you below:

\_\_\_\_\_