

LOUISIANA STATE UNIVERSITY

VA "FACT SHEET"

Requested Semester/Term _____

TO RECEIVE VETERANS BENEFITS, THIS FORM MUST BE COMPLETED AND SUBMITTED FOR EACH SEMESTER/TERM

NAME _____ STUDENT ID # _____

D.O.B. _____ SSN # _____ VA FILE # (Chapt. 35 only) _____

FALL/SPRING SEMESTER: Hours enrolling for _____

SUMMER TERM: Hours enrolling for Session A _____ and/or Session B _____

INTERSESSION: Hours enrolling for Spring _____ Summer _____ Fall _____

VA Education Benefits you are applying for:

Chapter: 30____ 31____ 33____ 35____ 1606____ 1607____
(Prior Service)____ (Voc Rehab) (Post 9-11) (Dependents) (National Guard)____
(Active Duty)____ %____ (Reserves)_____

Permanent Mailing Address

Phone No. (_____) _____

Cell No. (_____) _____

E-Mail _____

Current Degree Objective _____
(BS, BA, MS, MA, Ph.D.)

Major _____

First time applicants for Post 9-11 (Chapter 33) must submit a certificate of eligibility. Continuing applicants for Post 9-11 (Chapter 33) must submit the updated certificate of eligibility.

Have you ever received VA education benefits? _____ (If no, complete VA form 22-1990 or 22-5490) If you are coming from another school where you received VA benefits, you must complete VA Form 22-1995 or 22-5495.

Has your educational degree program changed? _____ Yes _____ No

Are you a Graduate student? _____ Are you in the Veterinary School? _____

Are you a visiting student? _____ (If you are, your parent institution must approve courses for VA Benefits.)

Are you a transfer student? _____ (If you previously received VA benefits you need to fill out a 22-1995 or 22-5495)

Are you a NORAD (visiting) student? _____ (If you are, we need approval of courses from your school.)

Are you repeating a course? _____ Course Name _____

Are you taking Distance Learning classes with on campus classes? _____

Will you be cross-registered with Southern University or BRCC? How many hours? _____

Reminder: For VA to pay benefits you must take courses that apply to your degree and please report changes in enrollment status to us ASAP to avoid overpayments..

Signature: _____ Date: _____

(By signing this form, I certify that the information given is correct to the best of my knowledge.)

You may submit this form via email to registrar@lsu.edu or via fax to 225-578-5991 (Attn: Veterans Affairs)