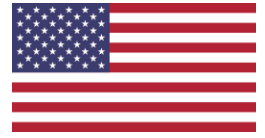




# Veterans Certification Request (VCR) Southeastern Louisiana University



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

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

- LA National Guard Tuition Exemption
- Patriot Scholarship- Undergraduate students only
- Federal Tuition Assistance (FTA) -Army/Air Reserves & NG Only
- Title 29-Louisiana Dependents Education Assistance
- Chapter 30-Montgomery GI Bill® Active Duty
- Chapter 31-Vocational Rehab and Employment
- Chapter 33-Post 9/11 GI Bill® (Must complete Third Party Billing form)
- Chapter 35- Federal Dependents Education Assistance
- Chapter 1606- Montgomery GI Bill® Selected Reserve (NG & Reserves)

### Please select 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
- Deployed/Not-deployed

Have you turned in your Joint Services Transcript to Admissions? Yes/No  
 Have you completed your FAFSA for 2024-2025? Yes/No  
 Do we have a copy of your GI Bill Certificate of Eligibility? Yes/No  
 Is this your first semester attending Southeastern? Yes/No

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 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**, you must complete the Third Party billing form and turn in the original copy in-person to the Office of Military and Veteran Success. Be sure to bring your Driver's License with you. If you do not submit this form in-person to our office, your VA funding will not be applied to your LEONET account.

If you are utilizing **Title 29 benefits**, you must bring your ORIGINAL Title 29 certificate to our office.

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 add/drop date that I will be held financially and academically responsible for those classes.

I understand that if I must maintain full-time enrollment for the entire semester if I am using **Title 29** Louisiana Dependents tuition waiver. If I drop below full time, I will lose my waiver and owe money to the University for tuition and fees.

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 tuition exemption only covers the tuition portion of my bill. I am responsible for housing, meal plan, ID fee, parking, mandatory fees, and textbooks. **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 Chapter 1606. Otherwise, I will not get paid or it will be severely delayed. **Initial** \_\_\_\_\_

I certify that I must notify the OMVS immediately if I wish to drop or add any courses. **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 or emergency military orders that I will notify the OMVS immediately and supply a copy of such orders. I must 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:

\_\_\_\_\_