



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?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Hours:		_____	_____

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:
