



LOURDES REQUEST FOR VETERANS BENEFITS

“Blue Form”

In order to receive benefits, this form must be completed for each semester.
Every line on this form must be completed or it will be returned to you!

Instructions: Complete all sections of this form for each semester you desire to claim benefits from the VA. Submit your request after registering for classes. **Any change in your registration, credit hours, or major must be reported immediately to the Veterans Certifying Official at Lourdes.**

IMPORTANT! Your Academic Advisor must certify that your classes are eligible (see page 2 of form) before you will be certified:

- VA Benefits are based on your enrollment in classes required for your academic program as outlined by the curriculum guide or graduation evaluation form. For example, if you are enrolled in 12 credit hours, but only 9 are required by your program, you will only be certified for 9 hours of enrollment. The VA will not pay for courses not required in your program.
- Repeating Courses: For VA purposes, you can only receive benefits for a course you are repeating if you failed the course, or if the grade received does not allow you to progress in your academic program. Courses that are successfully completed may not be certified for VA purposes if they are repeated.

SECTION 1: DEMOGRAPHIC INFORMATION

Name _____ Home Phone _____
 Street Address _____ Work Phone _____
 City _____ State _____ Zip _____
 SSN _____ VA File Number (CH 35 only) _____
 Do you live in Lourdes Student Housing? Yes No

SECTION 2: CURRENT PROGRAM AND COURSE SCHEDULE

	<u>Year</u>		Indicate Your Chapter (Check One)
<input type="radio"/> Summer	_____		Chapter 33 (Post-9/11 GI Bill) _____
<input type="radio"/> Fall	_____		Chapter 30 (New GI Bill) _____
<input type="radio"/> Spring	_____		Chapter 31 (Disabled Vets) _____
			Chapter 35 (Dependents) _____
			Chapter 106/1606 (Reserve & N.G.) _____

Degree/Major _____ Minor _____
 (Please list all majors.)

Course & Section Number	Exact Dates of Enrollment	Credit Hours
Example: ENG 101 A	8/24/09-12/12/09	3

Total Credit Hours _____

Credit Rates

Full time= 12 or more credit hours 1/2 time= 6-8 credit hours
 3/4 time= 9-11 credit hours Less than 1/2 time = 1-5 hours

STUDENTS: Please sign the BACK SIDE of this form.

Student Name: _____

SSN: _____

SECTION 3: ACADEMIC ADVISOR SIGNATURE

PLEASE NOTE: The VA will not pay for courses which are not required for the student's program, as outlined in the Lourdes catalog.

- I have reviewed the courses listed on page 1 of this form and certify that each one satisfies requirements for the student's program, as outlined on his/her degree check-sheet.
- The courses listed on page 1 have not been taken previously by the student, nor has the student received transfer credit for these courses. (If a student is repeating a course, please notify Amy Houston, VA Certifying Official, prior to signing this form. There are only certain conditions in which the VA will pay for repeated courses.)

Student cannot be certified until this form is signed by the Academic Advisor.

Advisor Signature: _____ Date _____

SECTION 4: STUDENT SIGNATURE

- I affirm that the courses listed on page 1 of this form, which I have registered for, are **required** in my stated degree/major.
- I have **not** taken these courses previously, nor have I received transfer credit for them. (Or, I did not successfully complete these courses previously, and I have confirmed with the VA Certifying Official they are eligible for certification.)
- **I will notify the Veterans Certifying Official at Lourdes University should I have any change in my enrollment, major, credit hour status or change of address.**
- I authorize the release of my academic transcripts to all needy parties in determining continued use of my veterans' educational benefits.

Student Signature: _____ Date _____

SECTION 5: COMPLETE AS APPLICABLE: (Change in Address, Major, or New Transfer Student to Lourdes)

Request To Change Of Address:

"I request a change of address effective _____.

My new address is: _____

_____."

Veteran's Signature

Date

Request To Change Of Program (major):

"I request a change of program from _____

to _____ effective _____. The number of credit hours that

will transfer in from my former program into my current program is _____."

Veteran's Signature

Date

Request To Change Place Of Training (school):

"I request a change of place of training from _____ to

_____ effective _____. The number of credit hours that will transfer

in from my former place of training into my current program is _____."

Veteran's Signature

Date