



**XAVIER UNIVERSITY OF LOUISIANA
OFFICE OF THE REGISTRAR**

1 Drexel Drive • Box 96
New Orleans, Louisiana 70125-1098
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Email: regisveteran@xula.edu

Veterans Certification Request Form

Name

(Last) (First) (Middle)

SSN _____ DOB _____ XULA ID _____

VA FILE # _____ Veteran Name: _____

Mailing Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone Number _____ XULA E-mail _____

Veteran Benefit Information:

*Priority processing date is **July 1** for Fall semester; **December 1** for Spring semester; **May 1** for Summer sessions*

Which benefit are you applying for (Check One)

- Chapter 33 Post 9/11 GI Bill-**Currently on Active Duty?** Yes o No
- Chapter 33/Yellow Post 9/11 GI Bill (100% Benefit rate required to apply)
- Chapter 30 Montgomery GI Bill Current/Former Active Duty-**Currently on Active Duty?** Yes No
- Chapter 1606 Montgomery GI Bill Selected Reserve
- Chapter 35 Survivors' & Dependents' Educational Assistance
- Chapter 31 Vocational Rehabilitation & Employment Program

I am currently a: Veteran Reservist/National Guard Dependent Spouse of Veteran

Academic Information:

Major _____ Total Hours Enrolled _____

Semester of Enrollment: _____ (Example: Fall 2015, Spring 2016)

Expected Graduation Date: _____

I understand that I must complete this form each semester in order to receive benefits. It is my responsibility to notify the Registrar's Office immediately upon adding or dropping a course(s) or withdrawing from the university.

Student's Signature

Date

**Office of the Registrar, Xavier South (Bldg 40)
Suite 630. Office hours are 8:00am – 4:30pm**