

Louisiana State University in Shreveport

Office of Admissions and Records

One University Place

Shreveport, LA 71115-2301

Phone: (318) 798-4130

Fax: (318) 797-5286

Veteran Education Benefits Notification of Dropped or Audited Class(es)

**NOTE: The LSUS VA Office will send all correspondence to your
LSUS student e-mail account.**

Information affecting certification of Veteran Education Benefits for the _____ semester.

Please complete all information requested.

Last First Middle

Mailing address

City State Zip Code Daytime Phone Number (Include Area Code)

Social Security Number Student I.D. Number

Chapter (check one): 30 (Veteran-Pre 9-11) 31 (Voc Rehab) 33 (Post 9-11/Transferred benefits)
35 (Dependent) 1606 (Reserves/NG) 1607 (Deployed Reserves/NG)

Major: _____

Class(es) dropped or audited: 1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

(Optional) Reason/mitigating circumstance i.e. Call to Active Duty, serious illness, financial hardship.....

I understand it is my responsibility to notify the VA Certifier of dropped or audited classes in a timely manner.

Student's Signature Date