



VAonce04  
2-2-2222-22



Select



Admin



Reports



Logout

### Add a Student

Enter the following information for the student

CLAIMANT

Last Name\*

DEMO IHL (2-2-2222-22)

Facility Code\*

454-56-4567

Student Has No SSN

SSN\*

OK

Cancel



VAonce04  
2-2-2222-22

Name: CLAIMANT,  
SSN: 454-56-4567  
File/Payee: 00 000 000/

### Bio Data

Program:  
Chapter:  
Training Type:

1



**Bio** Certs VA Data Log History



Salutation	First Name*	Middle Name	Last Name*	Suffix
	JOHN	C	CLAIMANT	
SSN*	Student ID	Address*		
454-56-4567	1234567	Location Domestic		
File Number*	Payee#	Chapter*	123 MAIN ST	
454-56-4567	00	33		
Training Type*	City*		State*	
IHL_UNDERGRAD	ANYTOWN		NH	
School Short Name	Facility Code	Zip*	Zip Suffix	
DEMO IHL	2-2-2222-22	12345		
Program*	Phone		Extension	
Bach Of Science Business Management	(111)555-5555			
Prior Training Credit*	PT Evaluated	Email		
NA		na@va.gov		
<input type="checkbox"/> Guest Student	<input type="checkbox"/> Active Duty	Alternate Email		
Primary School -- Name		Notes		
-- State				
Branch Svc	DD-214	Parking	Fry Recip <input type="checkbox"/>	



Name: CLAIMANT, JOHN C  
SSN: 454-56-4567  
File/Payee: 454-56-4567/00

Certs  
Program: BS-BMGT  
Chapter: 33  
Training Type: Undergraduate

2



Bio Certs VA Data Log History

- Select
- Admin
- Reports
- Logout

All All All to Filter

Term Name Status Facility Code Begin Date Range End Date Range

Term Name	Info	Begin Date	End Date	Res	Dist	R/D	Clock	LDA/Eff Date	Facility Code	Cert ID
2									22222222	

Edit Enrollment

Save Cancel

Facility: 22222222 Trng Type: IHL\_UNDERGRAD Prgrm: BS-BMGT Prior Credit: 2

FALL 2012 08/27/2012 12/21/2012 12 0 2400.00

Term Name Begin Date\* End Date\* Res Dist\* R/D Clock T & F\*

Advance Pay  Accelerated Pay (high-tech courses only)

LDA/EFF Date

Remarks [Modify Remarks List](#)

Remarks