



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*	ANYTOWN		NH	
IHL_UNDERGRAD	City*		State*	
School Short Name	Facility Code	12345		
DEMO IHL	2-2-2222-22	Zip*	Zip Suffix	
Program*	Bach Of Science Business Management		(111)555-5555	
NA	PT Evaluated		Phone Extension	
Prior Training Credit*	na@va.gov		Email	
<input type="checkbox"/> Guest Student	<input type="checkbox"/> Active Duty		Alternate Email	
Primary School -- Name	-- State	Notes		
Branch Svc	DD-214	Parking	Fry Recip <input type="checkbox"/>	



**Cert Complete Submit**

Print Student

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**



All All All to Filter

Term Name	Status	Facility Code	Begin Date Range	End Date Range	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

Advance Pay  Accelerated Pay (high-tech courses only)

LDA/EFF Date

Remarks [Modify Remarks List](#)

Remarks