

**University of Maryland School of Medicine**

**Master of Public Health Program**

**VA Educational Benefits**

**Declaration of Intent**

Complete this form to indicate your intent to be certified for receipt of VA Educational Benefits. *Failure to complete each item will prevent you from receiving benefits for the requested semester.*

**This form must be completed each semester for which benefits are requested.**

**Part I: Student Information**

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First MI

**Student ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student status:** \_\_\_\_ New Student \_\_\_\_\_ Continuing Student

**Semester/Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

**Contact Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate the type of benefit for which you are eligible:**

* Chapter 30 Montgomery GI Bill – Active Duty
* Chapter 31 Vocational Rehabilitation and Employment VetSuccess (VR&E VetSuccess)
* Chapter 32 Veterans Educational Assistance Program (VEAP)
* Chapter 33 Post 9/11 GI Bill
* Chapter 35 Survivors’ and Dependents’ Educational Assistance (DEA)

**Part II: Personal Responsibility For Receiving VA Educational Benefits**

\*\*Read and initial beside each item\*\*

1. \_\_\_\_\_\_\_\_ All courses that are not successfully completed must be reported to the Veterans Administration. Any change in your registration such as adding or dropping courses must be reported to this office. You will be given the opportunity to explain why you were unable to successfully complete the course(s). The VA will either accept the explanation and allow payment of benefits up to the date of drop, withdrawal, or failure, or terminate benefits for the course(s) effective the first day of the semester, creating an overpayment.
2. \_\_\_\_\_\_\_\_\_\_ You must attend classes on a regular basis. If you stop attending class, you must officially drop the course(s), and notify this office of the change in status.
3. \_\_\_\_\_\_\_\_\_\_ You must maintain satisfactory academic progress toward the educational objective stated on your VA Application for Benefits.
4. \_\_\_\_\_\_\_\_\_\_ You must pursue the course work as outlined in the Plan of Study required by the MPH Program. This program must be the same as indicated on the VA Application of Benefits. Courses in which you enroll that are not listed on the Plan of Study will not be certified for benefits.
5. \_\_\_\_\_\_\_\_\_\_ VA will not pay for repeated courses unless the course is a graduation requirement and was not passed the first attempt.
6. \_\_\_\_\_\_\_\_\_\_ VA will not pay for auditing courses.
7. \_\_\_\_\_\_\_\_\_\_ Credits by examination or for life experience will not be counted toward your enrollment for the receipt of VA benefits.

**Part III: Attestation**

I have read the above and I understand my personal responsibilities in claiming VA benefits. I realize that UMSOM MPH Program is responsible for communicating accurate enrollment data to the Veterans Administration and that any failure on my part to comply with the above conditions jeopardizes my continued receipt of VA educational benefits.

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submit completed form with a copy of your tuition bill to:**

Master of Public Health Program

ATTN: Andrea Manning

660 West Redwood Street, Howard Hall Room 100

Baltimore, MD 21201

[amanning@som.umaryland.edu](mailto:amanning@som.umaryland.edu)

Phone: 410-706-0539