

University of Maryland, Baltimore
M.D. 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 accompanied by your certificate of eligibility and tuition bill.

Student Information

Name: _____
Last First MI

Student ID#: _____ SS#: _____

Semester/Year: _____

Student Status: ___New Student ___Continuing Student

Term: ___Fall ___Spring _____Year

Address: _____
Street

City State Zip

DOB: / /
MM DD YY

Phone: _____

E-mail Address: _____

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-Post-Vietnam Era (VEAP)
- ___ Chapter 33 Post-9/11 GI Bill
- ___ Chapter 35 Survivors & Dependents Educational Assistance (DEA)

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Personal Responsibility For Receiving VA Educational Benefits

Name: _____

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

____ You must pursue the course work as outlined in the SOM Academic Handbook -
<http://medschool.umaryland.edu/osa/handbook/>.

____ Student must remain in good academic standing. Changes in student status, i.e. academic probation, failures, course deceleration, LOA, change in full-time status, etc. will be reported to the Veterans Administration.

____ You must maintain satisfactory academic progress toward the educational objective stated on your VA application for benefits.

____ The VA will not pay for repeated courses unless the particular course is a graduation requirement and was not passed on the first attempt.

____ The VA does not pay for audited courses.

Attestation

I have read the above and I understand my personal responsibilities in claiming VA benefits. I realize that UMB 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 and Certificate of Eligibility to:

University of Maryland School of Medicine
Office of Student Affairs
Attn: Sonia Beasley
685 W. Baltimore Street
Room 150
Baltimore, MD 21201
sbeasley@som.umaryland.edu
(410) 706-7586