

**Instructions:** The use of this form confirms your desire to receive VA educational benefits for the semester specified. **Failure to complete this form may delay or prevent your enrollment certification.**

**NOTE: Complete this form EACH SEMESTER**

Full Legal Name: \_\_\_\_\_ Student ID: @ \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

Phone:(     ) \_\_\_\_\_ Student Status (check one):  New Student  Continuing

<p><b>VA Chapter</b> (check one):</p> <p><input type="checkbox"/> Chapter 30 Montgomery GI Bill® -Active Duty</p> <p><input type="checkbox"/> Chapter 31 Vocational Rehabilitation and Employment VetSuccess</p> <p><input type="checkbox"/> Chapter 32 Veterans Educational Assistance Program-Post Vietnam Era (VEAP)</p> <p><input type="checkbox"/> Chapter 33 Post-9/11 GI Bill®</p> <p><input type="checkbox"/> Chapter 35 Survivors &amp; Dependents Educational Assistance (DEA)</p> <p>Social Security Number of Veteran: _____</p>
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Academic Year: \_\_\_\_\_ Semester (check one):  Fall  Spring

Course Code	Course Name	Credits	Start/End Date
<i>For example: MEDS 517-01</i>	<i>Practice of Medicine</i>	<i>3</i>	<i>August 7-December 15</i>

**Note the following:**

- If you make any changes to your enrollment for the semester, it is your responsibility to complete the: **Enrollment Change Form** and email it to [scascio@som.umaryland.edu](mailto:scascio@som.umaryland.edu) within 15 days of the enrollment change.
- If you have scholarship (s), they will be reported to the VA. The VA will pay the difference of tuition& fees minus the scholarship.
- VA only pays for IN-STATE charges, if you are Out-of-state, you are responsible to pay the difference in tuition & fees.

## Information and Personal Responsibility for Receiving VA Benefits

1. I am pursuing course work as outlined in the UMB School of Medicine Academic Handbook.
2. All persons receiving VA benefits must remain in good academic standing. Changes in student status: academic probation, course failure, course deceleration, leave of absence, change in full-time status etc. will be reported to the Veterans Administration.
3. All persons receiving VA benefits must maintain Satisfactory Academic Progress toward the educational objectives stated on your VA application for benefits.
4. The VA will not pay for repeated courses unless the course is a graduation requirement and was not passed on the first attempt.
5. The VA does not pay for audited courses.

### Attestation:

I attest that the information contained on this form is accurate and complete. I understand the above information and my personal responsibilities as stated above. I understand that the release of my academic record to the VA may be required, and I authorize the same. I further understand that UMB is responsible for communicating accurate enrollment data to the Veterans Administration. My failure to comply may jeopardize my continued receipt of VA educational benefits and cause possible repayment of benefits already received.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **New students** must submit:

- This form
- A copy of a recent Certificate of Eligibility (COE)

### **Continuing students** must submit:

- This form

### **Email all documents to:**

[scascio@som.umaryland.edu](mailto:scascio@som.umaryland.edu) or bring  
in-person: UMB School of Medicine  
Office of Student Affairs  
685 W. Baltimore Street, Baltimore MD  
21201 Attn: Sofia Cascio