

University of Maryland, Baltimore  
Graduate School

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: Complete.

Part II: Read and initial beside each item.

Part III: Read, sign, and date.

**Part I: Student Information**

**Name:**

\_\_\_\_\_  
Last First MI

**Student Number:**

\_\_\_\_\_  
@00

**Degree Program:**

\_\_\_\_\_

**Level:**

MS       PhD       Graduate Certificate       Other Graduate

**Semester/Year:**

\_\_\_\_\_

**Student Status:**

New Student       Returning Student       Transfer Student

**Address:**

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

**SSN:**

\_\_\_\_\_

**DOB:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

MM    DD    YY

**Home Phone:**

\_\_\_\_\_

**Work 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)  
 Chapter 1606    Montgomery GI Bill—Selected Reserve  
 \_\_\_\_\_      Other, please list: \_\_\_\_\_

**Are you currently on active duty military status?**     Yes     No

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**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. The veteran/dependent will be given the opportunity to explain why he/she was 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. Class attendance must be 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 Graduate School Catalog and as required by your department for your selected curriculum. This degree program/ curriculum must be the same as indicated to the VA on the application for benefits. Courses that are not listed in the catalog will not be certified for benefits.
- \_\_\_\_\_ 5. The VA will not pay for repeated courses unless the particular course is a graduation requirement, and was not passed the first time attempted.
- \_\_\_\_\_ 6. The 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.
- \_\_\_\_\_ 8. You are permitted to take a maximum of five (5) credits per semester of independent study.

**Part III: 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 the following:**

- Copy of your tuition bill
- Certificate of Eligibility (new students only)
- Change of Program/Place of Training (new students only)

*School of Nursing Students only – Visit*  
[www.nursing.umaryland.edu/academics/registration/forms/](http://www.nursing.umaryland.edu/academics/registration/forms/)  
and submit requested information to:

University of Maryland, Baltimore  
School of Nursing  
ATTN: Tara Byrd  
655 W Lombard St Rm 108  
Baltimore, MD 21201  
[tbyrd@son.umaryland.edu](mailto:tbyrd@son.umaryland.edu)  
Fax: 410-706-7238

*All other Graduate School Students*  
University of Maryland, Baltimore  
Graduate School  
ATTN: VA Certifying Official  
620 W Lexington St 5<sup>th</sup> Floor  
Baltimore, MD 21201  
[gradforms@umaryland.edu](mailto:gradforms@umaryland.edu)  
Fax: 410-706-3473