

**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)

Social Security Number of Veteran: _____

Part II: Personal Responsibility For Receiving VA Educational Benefits

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

1. _____ You must pursue course work as outlined in the UMSOM MPH Student Catalog and Handbook.

2. _____ Student must remain in good academic standing. Changes in student status, i.e. academic probation, failures, leave of absence, change in full-time status, etc. Will be reported to the Veterans Administration.
3. _____ You must maintain satisfactory academic progress toward the educational objective stated on your VA application for benefits.
4. _____ VA will not pay for repeated courses unless the course is a graduation requirement and was not passed the first attempt.
5. _____ VA does not pay for auditing courses.

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:** _____

New students must submit:

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

Continuing students must submit:

- This form

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
Phone: 410-706-0539