VA EDUCATIONAL BENEFITS
DECLARATION OF INTENT
FOR
NEWLY ADMITTED STUDENTS

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 a copy of your and tuition bill.

Student Information

Name: ____________________________

Student ID#: ____________________________

Term/Year: _________ Fall _________ Spring _________ Summer _________ Year

Student Health: *OPT OUT: YES __________                     NO___________

* All full-time students are required to have health care coverage (click on link for further information: http://www.umaryland.edu/studenthealth/waiving-student-health-coverage/).

This fee will automatically be added to your certification, unless you check above that you would like to opt out of the coverage, (“Opting Out” of the coverage with our office, does not preclude you from following requirements noted in the healthcare coverage link above).

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 (VEAP)

_____ Chapter 33 Post-9/11 GI Bill

_____ Chapter 35 Survivors & Dependents Educational Assistance (DEA)

_____ Chapter 1606 Montgomery GI Bill—Selected Reserve Educational Assistance Program

_____ Other No Benefits Available
If you have any questions, contact the Office of Records and Registration at: sswveteransaffairs@ssw.umaryland.edu

**Personal Responsibility For Receiving VA Educational Benefits**

**Name:** ____________________________________________________

**Read and initial beside each item**

___ You must pursue the course work as outlined in the SSW Academic Handbook - [https://www.ssw.umaryland.edu/media/ssw/students/handbooks/19-20_Student_Handbook-final.pdf](https://www.ssw.umaryland.edu/media/ssw/students/handbooks/19-20_Student_Handbook-final.pdf)

___ 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.

___ 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 the University of Maryland School of Social Work is responsible for communicating accurate enrollment data to the Veterans Administration and that any failure on our part to comply with the above conditions jeopardizes our continued receipt of VA educational benefits.

**SIGNATURE:** _______________________________ **DATE:** __________________

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

University of Maryland School of Social Work
Office of Records and Registration
Attn: Phyllis Pope or Danielle White
525 W. Redwood Street
Room 105
Baltimore, MD 21201
sswveteransaffairs@ssw.umaryland.edu
(410) 706-6102

(10/2022)