

Veterans Educational Benefits Office of the Registrar
Declaration of Intent 301/447-5215

Semester (complete one): ___ Fall ___ Spring ___ Summer

The use of this form confirms your desire to receive VA educational benefits for the semester specified. It also allows the Mount St. Mary's University certifying official to keep your records current. Upon receipt of this completed form, enrollment verifications will be processed. Failure to complete and return this form indicates that you do **not** wish to receive VA benefits for the semester.

Personal Information

Name: _____ Social Security _____
 Last First

*Address:

Street

City State Zip

Home Phone: _____ Work Phone: _____

Email Address:

***NOTE:** For uninterrupted benefits it is necessary to promptly report address changes to the Department of Veterans Affairs (800-827-1000).

VA Information

Chapter (Check one)

Selected Reserve Chapter (Chapter 1606) ___ Dependents (Chapter 35) ___

Montgomery Bill (Chapter 30) ___ Voc-Rehab (Chapter 31) ___

VA File Number (Chapter 35 **only**) ___

When/Where did you begin receiving VA educational benefits? _____
 Year Institution

Mount St. Mary's University Program Information

New Student _____ Returning Student _____

Transfer Student _____ Institution _____

Educational Plans:

Undergraduate Degree: _____ Graduate Degree: _____

Major: _____ Advisor: _____

Courses for which you wish to be certified for this semester:

Course Number and Title	Credit Hours	Is course required?

Personal Responsibility for Receiving VA Benefits

1. All persons receiving VA educational benefits are required to attend classes on a regular basis.
2. All courses that are not successfully completed must be reported to the Veterans Administration. **It is your responsibility to notify this office if you drop or withdraw from a course, withdraw from the college or make other changes that would affect your VA payment status.**
3. You must notify the VA if you change degree programs (major).
4. All certified courses must pertain to your VA recognized curriculum.

I attest that the information contained on this form is accurate and complete. I have read and understand my personal responsibilities in claiming VA benefits. My failure to comply may jeopardize my continued receipt of VA educational benefits and cause possible repayment of benefits already received.

Veteran Student Signature Date

This form must be completed each semester benefits are requested.