

Office of Student Affairs

UMB ID _____ @ _____

Student SSN _____
If you are a current student, you do not need to provide this information. New students, please contact Dr. Layson-Wolf to arrange to provide your SSN

Student Name _____

Veteran Name (if different from above) _____

Veteran SSN (if different from above) _____
If you are a current student, you do not need to provide this information. New students, please contact Dr. Layson-Wolf to arrange to provide this SSN

TERM (please check)	STUDENT STATUS (please check)
<input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING	<input type="checkbox"/> CONTINUING
	<input type="checkbox"/> NEW

YEAR: _____

Please check one:

- | | | |
|---|---|--|
| <input type="checkbox"/> Post 9/11 GI Bill® (Chap. 33) | <input type="checkbox"/> Vet Voc Rehab (Chap. 31) | <input type="checkbox"/> VEAP (Chap. 32) |
| <input type="checkbox"/> Montgomery GI Bill® (Chap. 30) | <input type="checkbox"/> Depend. (Chap.35) | |
| <input type="checkbox"/> New GI Bill® (Chap. 16) | <input type="checkbox"/> REAP (Chap. 1607) | |

Please indicate the name and amount of any expected award specifically covering only tuition and fees for the term indicated above:

All full-time students are required to have health coverage. Students who do not wish to retain the UMB Student Health Plan must file a waiver. Please indicate if you intend to waive the UMB Student Health Plan

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>
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Office of Student Affairs**Full Name** _____

Please initial each statement

- All courses that are not successfully completed must be reported to the Veterans Administration. Any change in your registration such as adding or dropping must be reported to this office. You will be given the opportunity to explain why you were unable to successfully complete the course(s). Based on this information, 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.
- You must attend classes on a regular basis. If you stop attending class, you must officially drop the course(s), and notify the Scholarship's office of the change in status.
- You must maintain satisfactory academic progress toward the educational objective stated on your VA Application for Benefits.
- You must pursue the coursework as outlined in the PharmD Curriculum at the School of Pharmacy. This program must be the same as indicated on the VA Application for Benefits. Courses in which you enroll that are not listed on the Plan of Study will not be certified for benefits.
- VA will not pay for repeated courses unless the course is a graduation requirement and was not passed on the first attempt.
- VA will not pay for auditing courses.
- Credits by examination will not be counted toward enrollment for the receipt of VA benefits.

I have read the above and understand my personal responsibilities in claiming VA benefits. I realize that UMSOP is responsible for communicating accurate enrollment data to the VA and that failure on my part to comply with the above conditions jeopardizes my continued receipt of VA educational benefits.

Student's Signature_____
Date***Students must submit this form and the following documentation prior to being certified:***

- Copy of Certificate of Eligibility (**New Students Only**).
- Copy of Certificate of Release or Discharge from Active Duty: Form DD214* (**New Students Only**)
- Copy of Change of Program/Place of Training: Form 22-1995 or 22-5495*. *Student should submit form to the Department of Veteran Affairs prior to requesting certification (New Students Only)*
- Authorization of Certification of Entrance/Reentrance: Form 28-1905 (if Chapter 31) with case manager's approval

Please send your completed and signed form to:

Cherokee Layson-Wolf, Associate Dean of Student Affairs via email: cwolf@rx.umaryland.edu**This form must be completed for each term benefits are requested.**