

Dear NDMU Student:

Thank you for choosing Notre Dame of Maryland University. We want this part of the process as a veteran or dependent of a veteran to be easy. Below I have included the steps to begin using your benefits at NDMU and what we will need from you in order to process your tuition costs.

Step 1: Complete the "Declaration of Intent" form every Winter, Spring, Summer, and Fall semesters. Without this form we will not know that you have enrolled for courses at the University or intend to enroll for courses. Please note that enrollment changes must be reported to the Registrar's Office. All enrollment activity will have to be reported to the VA Department in order for them to apply benefits. Please email the form or any questions regarding this part of the process to alyons@ndm.edu.

Step 2: Submit the "Certificate of Eligibility" form to the Business Office at business@ndm.edu. Without this form we will not be able and apply your benefits to your tuition.

Thank you

Registrar's Office



NOTRE DAME
OF MARYLAND
UNIVERSITY

Notre Dame of Maryland University

V.A. Educational Benefits

DECLARATION OF INTENT

Please notify the Veterans' Affairs Representative in the Registrar's Office, of your desire to be certified for receipt of V.A. Educational Benefits for the _____ semester. By completing Part I, reading and initialing each item in Part II, and reading and signing Part III of this form. Failure to complete each item completely will prevent you from receiving benefits for the semester.

Part I: Personal Information

NAME:

Last	First	MI
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ADDRESS:

Street

City	State	Zipcode
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S.S.# _____ DOB: _____

V.A. FILE NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

Check one: NEW ___ RETURNING ___ TRANSFER ___

Check One: VEAP (Chapter 32) ___ New GI Bill (Chapter 106) ___

Depend. (Chapter 35) ___ Montgomery Bill (Chapter 30) ___

Vet Voe Rehab (Chapter 31) ___ Post 9/11 (Yellow Ribbon Chapter 33) ___

Current active military: Yes ___ No ___

Specify Degree Program: _____

OVER

Part II: Personal Responsibility for Receiving V.A. Benefit (Read and Initial)

- ___ 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, must be reported to the V.A. Affairs Representative in the Registrar's Office. The Veteran will be given the opportunity to explain why he/she was unable to successfully complete the course(s). Based on this information, the V.A. 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 the VA Affairs Representative in the Registrar's Office of the change in status.
- ___ 3. You must maintain satisfactory academic progress toward the educational objective on your V.A. Application of Benefits.
- ___ 4. You must pursue the course work as outlined in the college catalog and as required by your department for your selective curriculum. This program must be the same as indicated to the V.A. on the application for benefits. Courses in which a veteran enrolls that are not listed in the catalog will not be certified for benefits.
- ___ 5. The V.A. will not pay for courses repeated unless the particular course is a graduation requirement, and was not passed the first time attempted.
- ___ 6. The V.A. 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 V.A. benefits.
- ___ 8. You are permitted to take a maximum of five (5) credits per semester of independent study.

PART III:

I have read the above and I understand my personal responsibilities in claiming V.A. benefits. I realize that Notre Dame of Maryland University 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 V.A. educational benefits.

SIGNATURE: _____ DATE: _____

**** This Form Must be Completed Each Semester Benefits are Requested ****

Notre Dame of Maryland University
Registrar's Office
4701 North Charles Street
Baltimore, MD 21210
(410) 532-5323