

THE UNIVERSITY *of* MONTANA WESTERN

VA DECLARATION OF INTENT

UMW ID 8000 _____

Student SSN _____

Student Name _____

Student Phone Number _____

TERM (please check) Summer (May-August) Fall (August-December) Spring (January-May)

STUDENT STATUS (please check) Continuing New

Degree program: Certificate Associates Bachelor Major: _____

Please check one:

Post 9/11 GI Bill® (Chap. 33) Vet Voc Rehab (Chap. 31) VEAP (Chap. 32)

Montgomery GI Bill® (Chap. 30) New GI Bill™ (Chap. 16) REAP (Chap. 1607)

DEA (Chap. 35) SSN of Veteran _____ Chapter 1606

I don't know

UMW participates in the Yellow Ribbon Program to help bridge the gap between Post-9/11 benefits and out-of-state tuitions and fees. Please indicate if you are an out-of-state student interested in applying for the Yellow Ribbon Program

Yes No

By selecting YES, I certify that I understand that the Yellow Ribbon Program at UMW is based upon a first-come, first-served basis. I understand that submission is not a guarantee of financial assistance; it is only a means of alerting UMW as to my interest in the program.

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

Yes No

Were you awarded a Purple Heart for your service?

Yes No

Were you discharged within the last 3 years?

Yes No

If yes, you may be eligible for Montana resident tuition. Please bring a copy of your DD214 to the Registrar's office so the Registrar may determine eligibility.

This form must be completed for each year benefits are requested.

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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 and overpayment.
- You must attend classes on a regular basis. If you stop attending a class, you must officially drop the course(s), and notify a VA Certifying official 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 for your major as outlined in the University of Montana Western Catalog. This program must be the same as indicated on the VA Application for Benefits. Courses in which you enroll that are not required for your degree 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.

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 Chap. 31) with case manager's approval

I have read the above and understand my personal responsibilities in claiming VA benefits. I realize that UMW 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 education benefits.

Student's Signature

Date

Please send your completed and signed form along with other documentation if necessary to:

Jenny Fox

University of Montana Western 710 S. Atlantic St. Dillon, MT 59725

Fax 406-683-7510

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