

**VA Declaration of Intent Form**

The use of this form confirms your desire to receive VA educational benefits for the semester specified. No certification will be initiated without this form. Enrollment certification will be processed upon receipt of the completed form, submission of supporting documents (where applicable) and registration for the designated semester in the courses listed on the reverse of this form. *If you are electronically submitting this form, please encrypt this and all documents using Adobe PDF or word, and then send the password separately to us. This form requires a wet signature.*

Semester (complete one):     Fall 20 \_\_  Winter 20\_\_  Spring 20\_\_  Summer 20\_\_

A separate form must be completed for each semester benefits are requested.

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

When/where did you begin receiving VA educational benefits? \_\_\_\_\_

Year Institution

 New Student     Returning Student     Graduating Senior: Expected Grad Date: \_\_\_\_\_  
(Graduating this semester; notify VA School Certifying Official immediately of any change)**VA Information**

Chapter under which you wish to be certified:

 Chapter 30 (Montgomery GI Bill) or  Tuition Assistance*Please note, if you plan to use TA benefits you must request benefits through ArmyIgnitED each term.* Chapter 31 (Vocational Rehabilitation) Chapter 33 (Post-9/11 GI Bill) check all that apply: I am the Veteran     I am currently on Active Duty  
 I am the Dependent     My Spouse is currently on Active Duty Chapter 35 (Survivors and Dependents Educational Assistance)  
VA File Number \_\_\_\_\_ (required for Chapter 35 students) Chapter 1606 (Selected Reserve)

## Hood College Program Information

### Educational Plans:

- Undergraduate Degree  
      Core requirements    Foundation courses    Foundation **AND** Core requirements  
 Certification Program Only  
 Graduate/Post Grad Degree

Major : \_\_\_\_\_ Advisor: \_\_\_\_\_  
 Change of Major?  No    Yes

### Required Information for Veterans and Dependents

Courses for which you wish to be certified this semester (use a separate form for each semester):

Course Number and Title	Credit Hours	Is Course Required?

### Information and Personal Responsibility for Receiving VA Benefits

1. All persons receiving VA educational benefits are required to attend classes on a regular basis. All courses that are not successfully completed must be reported to the Veterans Administration. All certified courses must pertain to your VA recognized curriculum.
2. Benefits for courses with a non-standard schedule (i.e., .5 credit P.E. courses, weekend seminar courses) will be paid only for the portion of the semester in which the course is actually scheduled.
3. **It is your responsibility to notify the VA School Certifying Official if you add, drop or withdraw from a course, withdraw from the college, or make other changes that would affect your VA payment status.**
4. **It is your responsibility to notify the VA School Certifying Official if you make any changes to your enrollment which would impact your tuition and/or fees.**
5. Chapter 33 students must submit the Certificate of Eligibility (and any updates if applicable) to the VA School Certifying Official upon receipt from the VA.

I attest that the information contained on this form is accurate and complete. I understand that the release of my academic record to the VA may be required and I authorize same. 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/Veteran Dependent Signature

\_\_\_\_\_  
 Date