

Veterans Services Office FSU Veterans Center 101 Braddock Road Frostburg, MD 21532 (301) 687-4409

## LETTER OF INTENT (LOI) (Please Print)

FSU ID#:	FSU Email:	@frostburg.ec	lu Alt Email:	@
Name (First, MI, Last):		VA Fi	le# (or SSN):	
Address:		City:	State:	Zip:
Phone: (	) -	Type: Home Cell	Program/Major*:	
Please select	the benefit you are receiving	/requesting:		
	Chapter 30, Montgomery G.I. Bill (Active Duty)			
	Chapter 31, Vocational Rehabilitation (VOCREHAB)			
	Chapter 33, Post 9/11 G.I. Bill**			
	Chapter 35, Dependents Educational Assistance (DEA)** ADVANCE PAY OPTION I have applied for/or receiving the Edward T. Conroy Scholarship (CH 35 only)			
	Chapter 1606 (Montgomery G.I. Bill - Guard & Reserves) ADVANCE PAY OPTION			
	Federal Tuition Assistance (FTA or TA) Branch: Select			
Student Status: Military Status:	☐ Continuing ☐ New ☐ Active Duty ☐ National C	Guard Reserves	Ueteran De	pendent
Please che	eck this box if you will be gra	aduating at the end of thi	s term	
Please che	ck this box if you need a CH	IAMPVA Letter		
Please che	ck this box if you completed	l the Deferment form for	the Student Billing	g Office
Undergraduate or Graduate Student Registration (Check one)				
Year:	Semester:	Number of Cr	redits (estimated):	
By digitally signin	ng this LOI, you agree to contact the V	veterans Services Office with any	changes that can affect v	our entitlement immediately - si

By digitally signing this LOI, you agree to contact the Veterans Services Office with any changes that can affect your entitlement immediately - such as increasing or reducing your course load, withdrawing from the university, or deployment. Your digital signature also gives the Veterans Services Office the consent to release and report academic information to the Department of Veterans Affairs, the Department of Defense and/or the Military Branch facilitating your educational benefits to include enrollment information, grades, and academic performance.

Signature

\*The Veterans Services Office must also be notified if you make changes to your Program or change Majors \*\*If the educational benefits are not the student's, please use the service members' SSN

Stamp Date Received