INSTRUCTIONS AND CERTIFICATIONS FOR VA ENROLLMENT CERTIFICATION (VA FORM 22-1999)

IMPORTANT: Use Side A for Institutions of Higher Learning (IHL) or schools providing non-college degree (NCD) training. Use Side B for flight, correspondence, and apprenticeship or on-the-job training programs. Use the VA-ONCE (VA Online Certification) application to file this information electronically. Contact your Education Liaison Representative (ELR) for assistance.

Read the Certifications below before completing **EITHER** Items 19D and 19E on Side A **OR** Items 12D and 12E on Side B. **COMPLETE ONLY ONE SIDE OF THIS FORM.** If completing Side B, pull out the carbon and reverse before completing that side. Ensure that VA Copy 1 is on top.

CERTIFICATIONS

IT IS HEREBY CERTIFIED THAT:

- (1) This institution has exercised reasonable diligence in meeting all applicable requirements of Title 38, U.S. Code, and any failure by the institution to meet any requirements of the law will be reported promptly to VA;
- (2) The course or courses certified are approved by the State Approving agency and are generally acceptable to meet requirements for the student's educational, professional, or vocational objective;
- (3) No course certified is a repetition of any course previously satisfactorily completed except as permitted by VA regulations;
- (4) This institution holds no power of attorney agreement authorizing the institution to negotiate VA educational assistance allowance checks:
- (5) FOR PRIVATELY OWNED SCHOOLS: The student certified is not an owner or officer of the school nor is the student certified as an official authorized to sign enrollment certifications;
- (6) This institution agrees to report promptly to VA any enrollment change and any change due to unsatisfactory progress, conduct, or attendance. Promptly means within 30 days of the enrollment change. (Except for students receiving benefits under chapter 33, the institution need not report an enrollment change for a student who was in full-time attendance before the change and in full-time attendance after the enrollment change.);
- (7) Check "Yes," if the student is a Yellow Ribbon Program participant;
- (8) FOR ENROLLMENTS UNDER CHAPTERS 30, 32, 33, 1606, and 1607: All the 85-15 ratio requirements have been satisfied.

INSTITUTIONS OF HIGHER LEARNING OR SCHOOLS PROVIDING NON-COLLEGE DEGREE TRAINING

IT IS HEREBY CERTIFIED THAT:

- (9) FOR ENROLLMENTS REQUESTING ADVANCE PAYMENT: It is agreed that the initial check for this enrollment period will be mailed to the school for temporary care and delivery to the student upon registration but not more than 30 days before the commencement of training. It is understood that the completion of a certificate of delivery will normally be required upon delivery of the advance payment;
- (10) IF CERTIFYING "GUEST STUDENT," place the name of the primary institution in Item 17, "Remarks";
- (11) FOR NONCREDIT DEFICIENCY, REMEDIAL, OR REFRÉSHER COURSES: The courses certified in Item 9B are needed by the student in order to pursue a program of education at this institution.
- (12) YELLOW RIBBON PROGRAM: If applicable, enter the amount of Yellow Ribbon Program contributions your institution is making on behalf of the student for each term, quarter, or semester.

FLIGHT TRAINING

IT IS HEREBY CERTIFIED THAT:

(13) The student has a Private Pilot's Certificate. I certify that a copy of the student's Class II Medical Certificate as of the beginning date of the course is on file at this institution. If the student is enrolled in an Airline Transport Pilot course, I certify that a copy of the student's valid Class I Medical Certificate as of the beginning date of the course is on file at this institution. For all initial enrollment certifications, I have placed the name and date of the medical certificate in Item 11, "Remarks" on Side B.

APPRENTICESHIP AND OTHER OJT PROGRAMS

IT IS HEREBY CERTIFIED THAT:

(14) The employer will immediately notify VA once the trainee receives the journeyman wage. Exceptions to this rule include training on a Davis-Bacon job, or a job in a geographic location with a different wage scale.

SPECIAL INSTRUCTIONS

ADVANCE PAYMENT INFORMATION - Veterans and other claimants must complete Items 15A and 15B on Side A to request an advance payment of education benefits. Upon receipt of a timely request and enrollment information, VA will pay the veteran or claimant an advance payment of his or her education benefits. An advance payment is part of the first month and the second month's education benefits. VA will send the payment to the veteran's school for delivery to the veteran or other claimant upon entry into training.

ACCELERATED PAYMENT INFORMATION - Claimants must complete Items 16A and 16B on Side A to request an accelerated payment. Only chapter 30, chapter 1606, or chapter 1607 beneficiaries (or beneficiaries receiving transfer-of-entitlement benefits under these chapters) qualify for an accelerated payment. An accelerated payment can only be paid under chapter 30 to claimants in a high technology program. (A list of high technology programs is on the Internet at www.gibill.va.gov.) An accelerated payment can only be paid under chapters 1606 or 1607 for claimants pursuing a program to qualify for accelerated payment, the cost of the program must exceed twice the amount of education benefits otherwise payable for that training.

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) VA obtains further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. While you do not have to respond, VA cannot pay the student any further education benefits until we receive the information. We cannot pay the student any education benefits until we receive this information (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine the student's eligibility for education benefits and the proper amount payable. Title 38, United States Code, allows us to ask for this information. We cannot pay the student any education benefits until we receive this information which schools are required to submit (38 U.S.C. 3684). We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

NOTE: Tear off and read the Instruction and Certification Sheet before completing the

OMB Control No. 2900-0073 Respondent Burden: 10 minutes

| M Departme | ent of Veterans | Affairs | | | | | | espondent Burden | Side | | | |
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| IMPORTANT: | Side A is for Inst | | | | | n-dearee t | raining | | | | | |
| IMPORTANT: Side A is for Institutions of Higher Learning or schools of 1. NAME OF STUDENT (First, Middle, Last) | | | | | | IO. (For chapte | er 35, include | suffix. For transfera | ability | | | |
| | | | | | cases, ent | er the veteran | 's social secur | ity number) | | | | |
| 3. CURRENT ADDRE | SS OF STUDENT | SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2) | | | | | | | | | | |
| 5. TYPE OF TRAINING | | | | | | 6A. NAME OF PROGRAM | | | | | | |
| UNDERGRADUATE COLLEGE DEGREE FARM COOPERATIVE | | | | | | ENT MATRIC | UI ATED AT Y | OUR FACILITY? (| For VA | | | |
| GRADUATE OF | R ADVANCED | = | SCHOOL | | purposes | | matriculated w | hen formally admit | | | | |
| PROFESSIONA | AL. | COOP | ERATIVE (Not Fai | rm) | YES | NO NO | ant) | | | | | |
| NON-COLLEGE | DEGREE | | T STUDENT emental School) | | 6C. IS PARE | NT SCHOOL | LETTER ON F | FILE? | | | | |
| | | | lete Item 6C) | | YES | NO | | | | | | |
| | | | | | 7. YELLOW RIBBON RECIPIENT | | | | | | | |
| | | | ENDO | LI MENT DA | YES | ∐ NO | | | | | | |
| | | <u> </u> | . COURSES TAKE | LLMENT DA | IA | 1 | | | 13. TRAINING | | | |
| 8 ENROLLMENT | EFFECTIVE DATES | CREDIT HOU | | NON-CREDIT | 10. CLOCK HOURS PER WEEK | 1 | ARGES | 12. YELLOW RIBBON PROGRAM | TIME | | | |
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| | | IN-RESIDENCE DISTANCE DEFICIENCY/ PER WEEK O | | 31 1101110011011 | | T ROOTO IIII | Professional | | | | | |
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| | | DDITIONAL INFO | | | | | | | | | | |
| | PPROVED ON A UNIT the student is enrolle | | number of high | B. FARM CO-C | OP ONLY (Is st cultural emplo | tudent pursuin yment averagi | g course conc ng at least 40 | urrently with substa hours per week?) | antially | | | |
| | | | | | Тио | | | | | | | |
| ADVANCE PA | YMENT REQUE | ST - (Note: A | dvance pav | | | ed pavme | nt.) (See | Special Instr | uctions.) | | | |
| I REQ | UEST AN E PAYMENT | | URE OF STUDEN | | | <u>-</u> <u>-</u> - | | B. DATE SIGNED | | | | |
| | (Note: Acc | ELERATED PA | nent is not ac | dvance pàym | ent.) (See | Special Ir | nstructións | s.) | | | | |
| I am requesting a | n accelerated paymene of the following | ent under either o | chapter 30, 160 | 6, or 1607. If I a | m requesting | g payment u | nder chapter | r 30, I certify I in | tend to seek | | | |
| Electronics, Comp | outer-integrated Man | ufacturing, Mater | ial Design, Aero | space, Weapons | s, or Nuclear | Technology | <i>'</i> . | | manioanono, | | | |
| ACCELERA | UEST AN TED PAYMENT hapters) | | TURE OF STUDEN | NT | | | 16B. DATE S | SIGNED | | | | |
| 17. REMARKS | | | | | | | ı | | | | | |
| | | | | | | | | | | | | |
| complete Item 18 | Item 18 only if cour if course(s) are take | n at a branch or e | extension of a so | ner school or are chool as defined | given at a b in 38 CFR 2 | oranch locati 1.4266(c). | on other tha | n shown in Item | 19B. Do not | | | |
| | RESS OF CONTRACT S | | | | | | | | | | | |
| CERTIFIC 19A. FACILITY CODE | ATIONS - The | provisions des | scribed in pa | ragraphs (1) AME AND ADDRE | through (1 ss | 4) on the | attached | sheet are cer | tified. | | | |
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| 19C. TELEPHONE NU | JMBER OF CERTIFYIN | IG OFFICIAL | 19D. SIGNATUR | E OF CERTIFYING | G OFFICIAL | | | 19E. DATE SIGN | ED | | | |

VA FORM MAR 2009

| Department | of Veterans Affa | nirs | | | | | | | Side | | |
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| IMPORTANT: Side | B is for flight co | rrespor | ndence a | nd apprenti | ceshin | or on-the | e-iob training proc | ırams | <u> </u> | | |
| 1. NAME OF STUDENT (Fir | est, Middle, Last) | псорог | iderioe, d | па арргени | <u> </u> | 2. VA FILE | | lude suffix. For transferability | | | |
| 3. CURRENT ADDRESS OF STUDENT | | | | | | | SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2) | | | | |
| | | | | | | 5. NAME O | F PROGRAM | | | | |
| 6. TYPE OF TRAINING FLIGHT TRAINING CORRESPONDENCE | | | | | | | 7. CREDIT FOR PREVIOUS TRAINING (Not Flight) | | | | |
| APPRENTICESHIP C | OR OTHER ON-THE-JOE | | | | | | | | | | |
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| DUAL | SOLO SOLO | VED FOR | D FOR PREVIOUS EDUCATION GROUND SCHOOL | | CERTIFICATES AND RATINGS | | | 8B. DATE TRAINING BE IN CURRENT COURS | | | |
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| IMPORTANT: A V | A Form 22-19990 | c, Certif | ficate of A | Affirmation of | of Enro | ollment A | greement, MUST | be signed by this stu | udent | | |
| and accompany this certification form before the same sent to student and accompany this certification form before the same sent to student is entirely and accompany this certification form before the same sent to student is entirely and accompany this certification form before the same sent to student is entirely and accompany this certification form before the same sent to student in the s | | | NS FOR 9C. CHARGE PER LESS | | | | 9D. WERE ANY LESSO DATE ENTERED IN | NS SERVICED BEFORE THE I ITEM 9A? | | | |
| | | | | | | | YES NO dai | f "Yes," show lesson number and ate serviced in Item 11, "Remarks") | | | |
| | APP | RENTI | CESHIP A | AND OTHE | R ON-1 | THE-JOE | 3 TRAINING | | | | |
| IMPORTANT: A sig Approving agency of attached to this form | r VA. or for appren | tices, an umber c | y docume of hours we | nt signed by orked to date | the traii | nee incorr | oorating this agreen | approved by the State nent by reference must b | oe . | | |
| 10A. TRAININ (Month, Da BEGINNING | | 10B. TYPE OF TRAINING | | | 10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM | | | 10D. NUMBER OF HOUR STANDARD WORK WEE | | | |
| 520 | 2.1510 | ☐ APPRENTICESHIP | | | HRS. | | | | HRS. | | |
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| 11. REMARKS | | от | HER-ON-TH | E-JOB | | | HRS. | | HRS. | | |
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| CERTIFICATI 12A. FACILITY CODE | ONS - The provis | sions de | | in paragraph OOL NAME AND | | | 14) on the attach | ed sheet are certified | | | |
| 12C. TELEPHONE NUMBE | R OF CERTIFYING OFF | ICIAL | 12D. SIGN | IATURE OF CEF | RTIFYING | OFFICIAL | | 12E. DATE SIGNED | | | |

NOTE: Tear off and read the Instruction and Certification Sheet before completing the

OMB Control No. 2900-0073 Respondent Burden: 10 minutes

| torm. | | | | | | | K | espondent Burden | |
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| Departme | ent of Veterans | Affairs | | | | | | | Side |
| | | VA EN | NROLLMEN | IT CERTIFIC | CATION | | | | Α |
| IMPORTANT: | Side A is for Ins | titutions of Hid | nher Learning | n or schools o | offering no | n-degree 1 | raining | | |
| IMPORTANT: Side A is for Institutions of Higher Learning or schools of 1. NAME OF STUDENT (First, Middle, Last) | | | | | | O. (For chapte | er 35, include | suffix. For transfer | ability |
| | | | | | cases, ent | er the veteran | 's social secur | ny number) | |
| 3. CURRENT ADDRE | SS OF STUDENT | | | | 4. SOCIAL S | ECURITY NU | MBER OF ST | UDENT (If not ente | ered in |
| | | Item 2) | | | | | | | |
| 5. TYPE OF TRAINING | <u> </u> | 6A. NAME OF PROGRAM | | | | | | | |
| J. THE OF TRAINING | G | OA. NAIVIE OF PROGRAIVI | | | | | | | |
| UNDERGRADU | JATE COLLEGE DEGR | | | | OUR FACILITY? (| | | | |
| GRADUATE OF PROFESSIONA | R ADVANCED | = | SCHOOL | | | seeking stude | | hen formally admit | ted as |
| | | = | ERATIVE (Not Fai | rm) | YES | ∐ NO | LETTER ON F | -11.50 | |
| NON-COLLEGE | DEGREE | ☐ (Suppl | T STUDENT emental School) | | l'—' | NI SCHOOL | LETTER ON F | -ILE? | |
| | | (Comp | lete Item 6C) | | | RIBBON REC | IPIENT | | |
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| | | | | LLMENT DA | TA | ı | | ı | |
| | | | . COURSES TAKE | 1 | 10. CLOCK | 11 CH | ARGES | 12. YELLOW RIBBON PROGRAM | 13. TRAINING TIME |
| - | EFFECTIVE DATES Day, Year) | CREDIT HOU | TAKEN BY | NON-CREDIT REMEDIAL/ | HOURS PER WEEK | FOR PI | ERIODS | | (Graduate or |
| , | , | TAKEN IN-RESIDENCE | DISTANCE LEARNING | DEFICIENCY/ REFRESHER | | OF INST | RUCTION | | Advanced Professional |
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| A HIGH SCHOOLS A | 14. AI PPROVED ON A UNIT | DDITIONAL INFO | | | | | | currently with substa | antially |
| | ch the student is enrolle | | .a.ie. e. iiigii | full-time agri | cultural emplo | yment averagi | ng at least 40 | hours per week?) | , |
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| ADVANCE PA | YMENT REQUE | | | | accelerate | ed payme | | | uctions.) |
| I REQ | UEST AN | 15A. SIGNAT | TURE OF STUDEN | NI | | | 158 | B. DATE SIGNED | |
| ADVANC | E PAYMENT | | | | | | | | |
| | ACCE | ELERATED P. celerated payr | AYMENT RE | QUEST (Cha | apters 30, | 1606, an | d 1607) | | |
| Lam requesting a | (Note: Acc | celerated payr | nent is not ac | dvance paymo | ent.) (See | Special Ir | nstructions | r 30 Loortify Lin | tend to seek |
| employment in o | n accelerated paymene of the following buter-integrated Man | industries: Biote | echnology, Life | Science Techno | ologies, Opt | o-electronics | s, Computer | s and Telecom | munications, |
| | UEST AN | | TURE OF STUDEN | | s, or inuclear | recrinology | 16B. DATE S | SIGNED | |
| | TED PAYMENT | | | | | | | | |
| (All C | hapters) | | | | | | | | |
| 17. REMARKS | | | | | | | | | |
| | | | | | | | | | |
| NOTE - Complete | Item 18 only if cour | rea(e) are contrac | atod out to anoth | har school or are | aivon at a k | ranch locati | on other tha | n chown in Itom | 10P Do not |
| complete Item 18 | if course(s) are take | n at a branch or | extension of a se | chool as defined | in 38 CFR 2 | 1.4266(c). | on other tha | ii shown in item | 196. 00 1101 |
| 18. NAME AND ADDR | RESS OF CONTRACT | SCHOOL OR BRAN | NCH LOCATION | | | | | | |
| CERTIFIC | ATIONS - The | nrovisions de | scribed in pa | ragraphs (1) | through (1 | 4) on the | attached | sheet are cer | rtified |
| 19A. FACILITY CODE | | oroviolorio de | | AME AND ADDRE | | -) on the | attachica | oncer are cer | inicu. |
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| 19C TELEPHONE NII | JMBER OF CERTIFYIN | JG OFFICIAL | 19D SIGNATIID | E OF CERTIFYING | OFFICIAL | | | 19E. DATE SIGN | IFD. |
| 133. TELEFTIONE NO | SWIDER OF CERTIFIER | TO OIT IOIAL | 13D. GIGINATUR | L OF OLIVING | JOITIOIAL | | | I ISE. DATE SIGN | |

| Operatment o | of Veterans Affa | irs | | | | | | | Side | | |
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| | | | NROLLI | MENT CER | RTIFIC | CATION | | | В | | |
| IMPORTANT: Side | B is for flight, co | respor | ndence. a | nd apprentic | ceship | or on-the | e-iob training proc | rams. | • | | |
| IMPORTANT: Side B is for flight, correspondence, and apprenticeship 1. NAME OF STUDENT (First, Middle, Last) | | | | | | | VA FILE NO. (For chapter 35, include suffix. For transferability cases, enter the veteran's social security number) | | | | |
| 3. CURRENT ADDRESS OF | STUDENT | | SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2) | | | | | | | | |
| | | | 5. NAME OF PROGRAM | | | | | | | | |
| 6. TYPE OF TRAINING FLIGHT TRAINING CORRESPONDENCE APPRENTICESHIP OR OTHER ON-THE-JOB | | | | | | | 7. CREDIT FOR PREVIOUS TRAINING (Not Flight) | | | | |
| APPRENTICESTIF OF | | | CALAL EL | IOUT TO AII | UNIC (| Con Inct | | | | | |
| | 8A. CREDIT ALLOW | | | IGHT TRAIN | • | | ructions) | 00 DATE TO ANNUA DI | | | |
| DUAL | SOLO | | | D SCHOOL | | | ES AND RATINGS | 8B. DATE TRAINING BE IN CURRENT COUR | | | |
| | 8C. NUMBER OF HOU | RS/UNIT | S OF INSTRUCTION IN CURRENT CO | | | DURSE | 1 | | | | |
| DUAL | SOLO | GROUNI | | D SCHOOL | | AND POST LIGHT | OTHER | 8D. TOTAL CHARGE | ĒS | | |
| | | | CORRE | CONDEN | OF TO | AINING | | \$ | | | |
| INADODTANT: A \// | ^ Form 22-1000c | Carti | | SPONDENG Affirmation of | | | graament MUST | be signed by this st | udent | | |
| and accompany this | s certification forr | n befor | re VA can | authorize p | aymer | nt for this | correspondence | course. | udent | | |
| 9A. DATE FIRST LESSON SENT TO STUDENT 9B. NUMBER OF LESSONS FOR WHICH STUDENT IS ENR | | | | | | SON TO | DATE ENTERED IN | | | | |
| | | | | | | | YES NO dat | "Yes," show lesson number ar te serviced in Item 11, "Remar | าd rks") | | |
| | APPI | RENTI | CESHIP A | AND OTHER | R ON-1 | THE-JOE | 3 TRAINING | | | | |
| IMPORTANT: A sign Approving agency or attached to this form. | VA. or for apprent | tices, an umber o | ny documen of hours wo | nt signed by to orked to date | the traiı | nee incort | oorating this agreen | approved by the State nent by reference must | be | | |
| 10A. TRAINING (Month, Day, BEGINNING | | 10B. TYPE OF TRAINING | | | | INEE IS EMP | ER OF HOURS PLOYED PER WEEK NG PROGRAM | 10D. NUMBER OF HOUF STANDARD WORK WE | | | |
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| | | от | THER-ON-TH | E-JOB | | | HRS. | | HRS. | | |
| 11. REMARKS | DNS - The provis | ions d | escribed i | in paragraph | ns (1) 1 | through (| (14) on the attach | ed sheet are certified | 1 | | |
| 12A. FACILITY CODE | THE PIONS | 10113 U | | OOL NAME AND | | | (14) on the attach | ed sheet are certified | <i>A</i> . | | |
| | | | | | | | | | | | |
| 12C. TELEPHONE NUMBER | OF CERTIFYING OFFI | CIAL | 12D. SIGN | IATURE OF CER | RTIFYING | OFFICIAL | | 12E. DATE SIGNED | | | |