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

Department of Veterans Affairs

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 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, 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 REFRESHER 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. Chapter 30, 1606, and 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 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 form.

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

Department of Veterans Affairs

Side **A**

VA ENROLLMENT CERTIFICATION

IMPORTANT: Side A is for Institutions of Higher Learning or schools offering non-degree training.

1. NAME OF STUDENT *(First, Middle, Last)*

2. VA FILE NO. *(For chapter 35, include suffix. For Transferability cases, enter the veteran's social security number)*

3. CURRENT ADDRESS OF STUDENT

4. SOCIAL SECURITY NUMBER OF STUDENT *(If not entered in Item 2)*

5. TYPE OF TRAINING

- ☐ UNDERGRADUATE COLLEGE DEGREE
- ☐ GRADUATE OR ADVANCED PROFESSIONAL
- ☐ NON-COLLEGE DEGREE
- ☐ FARM COOPERATIVE
- ☐ HIGH SCHOOL
- ☐ COOPERATIVE *(Not Farm)*
- ☐ GUEST STUDENT *(Supplemental School) (Complete Item 6C)*

6A. NAME OF PROGRAM

6B. IS STUDENT MATRICULATED AT YOUR FACILITY? *(For VA purposes, a student is matriculated when formally admitted as a degree seeking student)*
☐ YES ☐ NO

6C. IS PARENT SCHOOL LETTER ON FILE?
☐ YES ☐ NO

7. *YELLOW RIBBON RECIPIENT*
☐ YES ☐ NO

ENROLLMENT DATA

8. ENROLLMENT EFFECTIVE DATES *(Month, Day, Year)*		9. COURSES TAKEN			10. CLOCK HOURS PER WEEK	11. CHARGES FOR PERIODS OF INSTRUCTION		12. YELLOW RIBBON PROGRAM	13. TRAINING TIME *(Graduate or Advanced Professional Program)*
		CREDIT HOUR COURSE(S)		NON-CREDIT					
		TAKEN IN-RESIDENCE	TAKEN BY DISTANCE LEARNING	REMEDIAL/ DEFICIENCY/ REFRESHER					
A. BEGIN	B. END	A. HOURS	B. HOURS	C. HOURS	HOURS	A.TUITION	B. FEES	AMOUNT	

14. ADDITIONAL INFORMATION FOR HIGH SCHOOL AND FARM CO-OP COURSES

A. HIGH SCHOOLS APPROVED ON A UNIT BASIS *(Enter the number of high school units for which the student is enrolled)*

B. FARM CO-OP ONLY *(Is student pursuing course concurrently with substantially full-time agricultural employment averaging at least 40 hours per week?)*
☐ YES ☐ NO

ADVANCE PAYMENT REQUEST - (Note: Advance payment is not accelerated payment.) (See Special Instructions.)

I REQUEST AN ADVANCE PAYMENT ▶

15A. SIGNATURE OF STUDENT

15B. DATE SIGNED

ACCELERATED PAYMENT REQUEST
(Note: Accelerated payment is not advance payment.) (See Special Instructions.)

I request accelerated payment. I certify that I intend to seek employment in one of the following industries: Biotechnology, Life Science Technologies, Opto-electronics, Computers and Telecommunications, Electronics, Computer-integrated Manufacturing, Material Design, Aerospace, Weapons, or Nuclear Technology.

I REQUEST AN ACCELERATED PAYMENT ▶

16A. SIGNATURE OF STUDENT

16B. DATE SIGNED

17. REMARKS

NOTE - Complete Item 18 only if course(s) are contracted out to another school or are given at a branch location other than shown in Item 19B. Do not complete Item 18 if course(s) are taken at a branch or extension of a school as defined in 38 CFR 21.4266(c).

18. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION

CERTIFICATIONS - The provisions described in paragraphs (1) through (14) on the attached sheet are certified.

19A. FACILITY CODE

19B. SCHOOL NAME AND ADDRESS

19C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL

19D. SIGNATURE OF CERTIFYING OFFICIAL

19E. DATE SIGNED

NOTE: Tear off the Instructions and Certifications sheet before completing the form.

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

Department of Veterans Affairs

Side **B**

VA ENROLLMENT CERTIFICATION

IMPORTANT: Side B is for flight, correspondence, and apprenticeship or on-the-job training programs.

1. NAME OF STUDENT *(First, Middle, Last)*	2. VA FILE NO. *(For chapter 35, include suffix. For transferability cases, enter the veteran's social security number)*
3. CURRENT ADDRESS OF STUDENT	4. 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)*

VOCATIONAL FLIGHT TRAINING (See Instructions)

8A. CREDIT ALLOWED FOR PREVIOUS EDUCATION AND TRAINING				8B. DATE TRAINING BEGAN IN CURRENT COURSE
DUAL	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS	

8C. NUMBER OF HOURS/UNITS OF INSTRUCTION IN CURRENT COURSE					8D. TOTAL CHARGES
DUAL	SOLO	GROUND SCHOOL	PRE- AND POST FLIGHT	OTHER	
					$

CORRESPONDENCE TRAINING

IMPORTANT: A VA Form 22-1999c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before VA can authorize payment for this correspondence course.

9A. DATE FIRST LESSON SENT TO STUDENT	9B. NUMBER OF LESSONS FOR WHICH STUDENT IS ENROLLED	9C. CHARGE PER LESSON TO STUDENT	9D. WERE ANY LESSONS SERVICED BEFORE THE DATE ENTERED IN ITEM 9A? ☐ YES ☐ NO *(If "Yes," show lesson number and date serviced in Item 11, "Remarks")*

APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING

IMPORTANT: A signed copy of the training agreement outlining the training program and wage scale as approved by the State Approving agency or VA, or for apprentices, any document signed by the trainee incorporating this agreement by reference must be attached to this form. (Show monthly number of hours worked to date in Item 11, "Remarks.")

10A. TRAINING DATES *(Month, Day, Year)*		10B. TYPE OF TRAINING	10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM	10D. NUMBER OF HOURS IN STANDARD WORK WEEK
BEGINNING	ENDING			
		☐ APPRENTICESHIP	HRS.	HRS.
			HRS.	HRS.
		☐ OTHER-ON-THE-JOB	HRS.	HRS.

11. REMARKS

CERTIFICATIONS - The provisions described in paragraphs (1) through (14) on the attached sheet are certified.

12A. FACILITY CODE	12B. SCHOOL NAME AND ADDRESS	
12C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	12D. SIGNATURE OF CERTIFYING OFFICIAL	12E. DATE SIGNED