

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 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. If the Yellow Ribbon Program will be used to cover all or a portion of any out of State charges, enter the net total out of State charges assessed the student.

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 and Employment 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.reginfo.gov/public/do/PRAMain. 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.

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

W Dep	artment of	Veterans A	Affairs						Side		
		\	/A ENR	OLLMEN	T CERT	IFICATION			A		
IMPORTAN	T: Side A is fo	r Institutions of	Higher Lear	rning or school	ls offering r	non-degree training.					
1. NAME OF S	TUDENT (First, I	Middle, Last)		2. VA FILE NO. (For chapter 35, include suffix. For Transferability cases, enter the veteran's social security number)							
3. CURRENT A	ADDRESS OF ST	UDENT		4. SOCIAL SECUR	4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2)						
5. TYPE OF TE	RAINING BRADUATE COLL	 _EGE DEGREE	FA	6A. NAME OF PRO	6A. NAME OF PROGRAM						
GRADU	ATE OR ADVANC	ED PROFESSION	IAL HI	6B. IS STUDENT MATRICULATED AT YOUR FACILITY? (For VA purposes, a student is matriculated when formally admitted as a degree seeking student)							
NON-CO	LLEGE DEGREE		☐ cc	YES NO 6C. IS PARENT SCHOOL LETTER ON FILE?							
			(St	YES NO							
			(C	omplete Item 60	C)	7. YELLOW RIBBON RECIPIENT					
				ENRO	LLMENT		YES NO				
		9. C	OURSES TAK		LLIVILIAI	DATA	12	YELLOW	13. TRAINING		
8. ENROLLMENT EFFECTIVE DATES (Month, Day, Year)		CREDIT HOUR	TAKEN BY	NON-CREDIT REMEDIAL/	10. CLOCK HOURS PER WEEK	FOR PERIODS	R	RIBBON PROGRAM			
A. BEGIN	B. END	IN-RESIDENCE A. HOURS	DISTANCE LEARNING B. HOURS	DEFICIENCY/ REFRESHER C. HOURS	HOURS	TUITION AND FEES	A. AMOUNT	B. OUT OF STATE CHARGES	Advanced Professional Program)		
		14. ADDITION ON A UNIT BAS audent is enrolled)	IS (Enter the		B. FARM C	HOOL AND FARM C	at pursuing cours	se concurrently with s			
ADVANCE	DAVMENT	DECLIEST	(Noto: A	dvanco nav	YES	NO NO	l navmont \	(Soo Special I	actructions \		
I REQUEST AN ADVANCE PAYMENT 15A. SIGNAT				OF STUDENT	yment is	not accelerated	payment.)	15B. DATE SIGNED	ee Special Instructions.) B. DATE SIGNED		
	•		ed payme	ent is not ac	dvance p	NT REQUEST ayment.) (See S	-				
the following in	dustries: Biotechr		e Technologie			sting payment under ch rs and Telecommunicat					
I REQUEST AN ACCELERATED PAYMENT (All Chapters)				RE OF STUDEN	Т		16B. D	ATE SIGNED	E SIGNED		
17. REMARKS							·				
18 if course(s)	are taken at a bra	anch or extension	of a school as	s defined in 38 C	_	ren at a branch location (c).	n other than show	wn in Item 19B. Do n	ot complete Item		
		CONTRACT SCHO									
CERTIFICATIONS - The provisions of 19A. FACILITY CODE				described in paragraphs (1) through (14) on the attached sheet are certifully 19B. SCHOOL NAME AND ADDRESS							
19C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL				D. SIGNATURE	OF CERTIFY	ING OFFICIAL		19E. DATE SIG	19E. DATE SIGNED		

M Department	t of Veterans A	ffairs							Side	
			NROLL	MENT CE	RTIF	ICATIO	N		В	
IMPORTANT: Side B	is for flight, correspon	ndence.	and apprer	nticeship or on-	the-ioh	training pro	grams.			
IMPORTANT: Side B is for flight, correspondence, and apprenticeship or on-the-journal of the 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 O				4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2)						
						5. NAME OF	PROGRAM			
6. TYPE OF TRAINING FLIGHT TRAINING CORRESPONDENCE	<u> </u>					7. CREDIT F	OR PREVIOUS TRAIN	IING (Not Flight)		
APPRENTICESHIP C	OR OTHER ON-THE-JOE		DNIAL EL	ICHT TRAI	NINC	(Can Insti	ustions)			
				IGHT TRAI		•	uctions)			
DUAL	SOLO	8A. CREDIT ALLOWED FOR		GROUND SCHOOL			AND RATINGS	8B. DATE TRAINING BEGAN IN CURRENT COURSE		
DUAL	SOLO		GROON	ID SUNUUL		EKTIFICATES	VIAN LYALINGO	222		
	8C. NUMBER OF HOU	PS/LINITS	S OF INSTR	LICTION IN CLIP	PENT C	OLIBSE				
DUAL	SOLO	(3/01411)	GROUND SCHOOL		PRE	-AND POST FLIGHT	OTHER	8D. TOTAL CHARGES		
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	of Affirmation of Enrollment A for this correspondence course. FOR 9C. CHARGE PER LES STUDENT			greement, MUST be signed by this student and accompany a signed by this student and accompany a signed by this student and accompany a signed by the signed by the student and accompany a signed by the signed by the student and accompany a signed by this student and accompany a signed by the signed			E ber and			
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or VA, or for apprentice monthly number of hou	ed copy of the training es, any document sign rs worked to date in l	g agreen ned by the tem 11,	ment outlir ne trainee i "Remarks	ning the trainin ncorporating the corporation of th	g progi	am and wage	e scale as approved	by the State Approving a ched to this form. (Show	gency	
10A. TRAINING (Month, Day)			B. TYPE OF TRAINING APPRENTICESHIP		TRA	AINEE IS EMPI	ER OF HOURS LOYED PER WEEK G PROGRAM	10D. NUMBER OF HOURS STANDARD WORK WEE		
		☐ OTHER-ON-THE-JOB					HRS.		HRS.	
		Ш	OTHER-ON	I-THE-JOB			HRS.		HRS.	
							HRS.		HRS.	
CERTIFICATION 12A. FACILITY CODE	ONS - The provis	ions de		in paragrap			4) on the attach	ed sheet are certified	d.	
12C. TELEPHONE NUMBE	FICIAL	L 12D. SIGNATURE OF CER			G OFFICIAL		12E. DATE SIGNED			
			1							