



**CERTIFICATE OF DELIVERY OF ADVANCE  
PAYMENT AND ENROLLMENT**

(Chapters 30, 32, and 35, Title 38, U.S.C.;  
Chapters 1606 and 1607, Title 10, U.S.C.,  
National Call to Service, and Section 903 of  
Public Law 96-342)

**IMPORTANT**

Read these instructions carefully. Complete this form and return it to VA when delivery of the advance payment check is made to this student upon registration for the period of enrollment shown in Item 3. If this student fails to register within 30 days after the commencement date of this enrollment period, the advance payment check must be returned to the Department of Treasury. If damaged or destroyed, notify VA immediately.

NAME OF PAYEE	BENEFIT	FILE NO.	PAYEE	MLT	COURSE	RO	FACILITY CODE
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**INSTRUCTIONS**

- ITEM 1** - Enter the name of this student's present course or program.
- ITEM 2** - For all initial entrances at this school, enter the amount of credit granted for previous training. This must include credit granted for military service or experience.
- ITEM 3** - NO ENTRY REQUIRED. (The data printed in this item is the information furnished by the school with the request for advance payment.)
- ITEM 4** - If the information shown in Item 3 is correct, skip to Items 5A and 5B. If any information shown in Item 3 is incorrect, furnish the correct information in the appropriate column of Item 4.
- HOURS.** Report total hours and noncredit deficiency hours separately.
- TRAINING TIME (TRNG. TIME).** Complete only for graduate level students. Select a training time code from the list below.
- DAYS PER WEEK.** Complete only if you reported clock hours in Hours.

**CODES**

TRAINING	HOURS
4 - Full Time 3 - 3/4 Time 2 - 1/2 Time 1 - Less than 1/2, more than 1/4 0 - 1/4 or less	S - Semester Q - Quarter U - Carnegie Units D - Deficiency (all or partial) C, P, or R - Clock

1. ENTER NAME OF CURRENT COURSE OR CURRICULUM	2. AMOUNT OF CREDIT ALLOWED FOR PREVIOUS TRAINING (Required on first enrollment)
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STATUS OF PROGRAM	BEGINNING DATE	ENDING DATE	HOURS	TRNG. TIME	DAYS PER WEEK	ENT. CHR.G.	TYPE TRNG.	TOTAL CHARGES (In service, or less than 1/2 time)
3. CURRENT ENROLLMENT DATE								
4. CHANGES TO BE ENTERED BY SCHOOL			TOTAL	DEFIC.				

I CERTIFY THAT the above entries are true and the advance payment check was delivered to the student and, if applicable, the 85-15% ratio requirements were met for this student's course of study.

PENALTY - willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.

5A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	5B. DATE SIGNED
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**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 5, Code of Federal Regulations 1.526 for routine uses (i.e., Allowing VA to send 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) for VA to obtain 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, Compensation, Pension, Education and 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 advance payment until we receive the information. The responses you submit are considered confidential (38 U.S.C. 5701). Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine the student's continuing eligibility for educational benefits and the amount of benefits payable based on school attendance. (38 U.S.C. sections 3680 & 3684) Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 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.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.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.

COMPLETION INSTRUCTIONS

SECTION	DATE	INITIALS	REMARKS
1. Name of Student			
2. Social Security Number			
3. VA File Number			
4. School Name			
5. School Address			
6. School City			
7. School State			
8. School Zip			
9. School Phone			
10. School Fax			
11. School Email			
12. School Website			
13. School Accredited			
14. School Accredited By			
15. School Accredited Date			
16. School Accredited Until			
17. School Accredited For			
18. School Accredited Level			
19. School Accredited Program			
20. School Accredited Degree			
21. School Accredited Major			
22. School Accredited Minor			
23. School Accredited Field			
24. School Accredited Discipline			
25. School Accredited Program			
26. School Accredited Degree			
27. School Accredited Major			
28. School Accredited Minor			
29. School Accredited Field			
30. School Accredited Discipline			
31. School Accredited Program			
32. School Accredited Degree			
33. School Accredited Major			
34. School Accredited Minor			
35. School Accredited Field			
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