



**CERTIFICATE OF AFFIRMATION OF ENROLLMENT AGREEMENT  
 FOR CORRESPONDENCE COURSE**

Under Chapters 30, 32, & 35, Title 38, U.S.C.,  
 Section 903 of PL 96-342, or Chapter 1606 and 1607, Title 10, U.S.C.

1. FIRST NAME-MIDDLE INITIAL-LAST NAME OF ELIGIBLE PERSON		2. VA FILE NO.
3. NAME OF COURSE	4. DATE ENROLLMENT AGREEMENT SIGNED	5. NAME AND ADDRESS OF SCHOOL

**PURPOSE OF THE AFFIRMATION PROVISION OF LAW**

To provide you time (no less than ten full days following your signing of an enrollment agreement) during which you can reflect on your decision to enroll in a correspondence course and determine if such correspondence course is suitable to your abilities and interests. The Correspondence School Agreement you have signed is not effective unless you complete this form and return it to the school.

**AFFIRMATION PROCEDURE:**

A. Decision not to Affirm - If you decide not to affirm the Correspondence School Agreement you have signed, do not sign this form. **Destroy it.** Additionally, you may notify the institution, at any time, of your decision not to affirm the enrollment agreement. The institution, thereupon, without imposing any penalty or fee, shall make full refund of all amounts paid.

B. Decision to Affirm - If you decide to affirm the Correspondence School Agreement you have signed, you may affirm only after the expiration of 10 full days after the day on which the agreement was signed. **For example**, if the contract was signed on the 1st day of a month, you must sign and date this affirmation certification form ***on or after the 12th day.***

**VA WILL NOT ACCEPT THIS FORM OR ANY AFFIRMATION YOU SIGN BEFORE THE 12TH DAY FOLLOWING THE DATE YOU SIGNED THE CORRESPONDENCE SCHOOL AGREEMENT.**

**VA WILL NOT PAY FOR LESSONS THAT YOU COMPLETE AND THE SCHOOL SERVICES BEFORE THE DATE YOU SIGNED THIS FORM, AS THIS IS YOUR PROPER AFFIRMATION DATE.**

**TO AFFIRM, READ THE FOLLOWING PARAGRAPH AND COMPLETE ITEMS 6 AND 7 BELOW:**

I have read and I understand the enrollment agreement that I entered into with the above named school on the date indicated in Item 4. By signing this form, I affirm such enrollment agreement and certify, under penalty of law, that I have not signed this affirmation certificate until after the expiration of 10 full days after the date I signed the aforesaid enrollment agreement.

(SUBMIT WITH ENROLLMENT CERTIFICATION)

**INSTRUCTION TO CLAIMANT:** After completion of Items 6 and 7 on or after the 12th day, return VA COPY 1 and SCHOOL COPY 2 of this form to the school identified in Item 5.

**INSTRUCTION TO SCHOOL:** Once the student submits VA COPY 1 and SCHOOL COPY 2 of VA Form 22-1999c to your facility, the school should submit VA COPY 1 of VA Form 22-1999c (Certificate of Affirmation of Enrollment Agreement For Correspondence Course) and VA Form 22-1999 (Enrollment Certification) to the Department of Veterans Affairs.

6. DATE SIGNED	7. SIGNATURE OF ELIGIBLE PERSON
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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 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register. An example of a routine use allows 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. Your obligation to respond is required to obtain or retain benefits. We cannot pay you any education benefits for taking a correspondence course until we receive this information (38 U.S.C. 3686(b)). Your responses are confidential (38 U.S.C. 5701). 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 your eligibility for education benefits based on a correspondence course and the proper amount payable for that correspondence course. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 3 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 (1-800-442-4551) to get information on where to send comments or suggestions about this form.



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