Department of Veterans Affairs		ON OF ENROLLMENT AGREEMENT NDENCE COURSE
1. FIRST NAME-MIDDLE INITIAL-LAST NAME OF	ELIGIBLE PERSON	2. VA FILE NO.
	NROLLMENT 5. NAME AND ADDRESS OF	SCHOOL
PURPOSE OF THE AFFIRMATION PROVISION OF LAW		
To provide you time (no less than five 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. <u>Decision not to Affirm</u> - If you decide not to affirm the Correspondence School Agreement you have		

- A. <u>Decision not to Affirm</u> 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. <u>Decision to Affirm</u> If you decide to affirm the Correspondence School Agreement you have signed, you may affirm only after the expiration of 5 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 <u>sign and date</u> this affirmation certification form <u>on or after</u> the 7th day.

VA WILL NOT ACCEPT ANY AFFIRMATION YOU SIGN BEFORE THE 7TH DAY.

VA WILL NOT PAY FOR LESSONS THAT YOU COMPLETE AND THE SCHOOL SERVICES BEFORE THE 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 5 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 7th 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
VA FORM	CURERCEPEC VA FORM 20 4000C OCT 2007

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, 58VA21/22/28, Compensation, Pension, Education, and Vocational 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. 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.

Department of Veterans Affairs	CERTIFICATE OF AFFIRMATION CORRESPONDE	
1. FIRST NAME-MIDDLE INITIAL-LAST NAME OF	ELIGIBLE PERSON	2. VA FILE NO.
3. NAME OF COURSE 4. DATE EN AGREEME	IROLLMENT 5. NAME AND ADDRESS OF SC	CHOOL
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7. SIGNATURE OF ELIGIBLE PERSON
CURERCENES VA FORM 32 4000C OCT 3007

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		OMB Approved No. 2900-0576 Respondent Burden: 3 Minutes
Department of Veterans Affairs		N OF ENROLLMENT AGREEMENT DENCE COURSE
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3. NAME OF COURSE 4. DATE E AGREEN	ENROLLMENT 5. NAME AND ADDRESS OF MENT SIGNED	SCHOOL
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may affirm only after the expirati	ion of 5 full days after the day on med on the 1st day of a month, you	hool Agreement you have signed, you which the agreement was signed. <i>For</i> a must sign and date this affirmation
VA WILL NOT ACCEPT ANY A	FFIRMATION YOU SIGN BEFORE	THE 7TH DAY.
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