

**INFORMATION AND INSTRUCTIONS FOR COMPLETING THE  
RESTORATION OF ENTITLEMENT FOR VA EDUCATION BENEFITS  
(VA FORM 22-0989)**

**HOW TO USE THIS FORM**

Use this form to apply for restoration of entitlement for Department of Veterans Affairs (VA) education benefits used at a school that closed or had its approval to receive VA benefits withdrawn. For this form "school" is used interchangeably with "training facility", and "educational institution". Respond to all required questions regardless of the type of school you were attending.

With limited exception, the VA can restore entitlement only for the period of enrollment in which you did not receive credit (or in which you lost training time). Generally this means that entitlement can only be restored for the single term you were enrolled in when your school closed or lost its approval to receive VA benefits.

By Law (Public Law 115-48) entitlement restoration can only be granted for the following benefits:

- Post- 9/11 GI Bill (Chapter 33)
- Survivors' and Dependents' Educational Assistance (DEA) Program (Chapter 35)
- Montgomery GI Bill (MGIB) (Chapter 30)
- Montgomery GI Bill - Selected Reserve (Chapter 1606)
- Reserve Educational Assistance Program (REAP) (Chapter 1607)
- Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) (Chapter 32)

**ENTITLEMENT RESTORATION REQUEST DUE TO SCHOOL CLOSURE OR WITHDRAWAL**

**Part II**

In this section "**closed**", "**disapproved**", and "**withdrawn**" are used interchangeably. Respond to all required questions regardless of whether your educational institution or program of education (aka program of study or college major) was closed or withdrawn.

**Item 7B.** Did your school provide you credit for the classes you were attending when it closed or was withdrawn (example: Your school closed one week before its normal end of term; however your transcript indicates you have received a letter grade for the term)?

**HOW TO FILE YOUR CLAIM**

After completing this form please send the completed form via mail to:

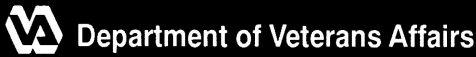
**Muskogee Regional Processing Office  
Restoration of Entitlement Team  
P. O. Box 8888  
Muskogee, OK 74402-8888**

This form can also be submitted electronically through the Internet Inquiry System at:

[https://gibill.custhelp.com/app/utils/login\\_form/redirect/ask](https://gibill.custhelp.com/app/utils/login_form/redirect/ask).

**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 VA's system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. An example of 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 education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. Payment of education benefits cannot be made unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered 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 your eligibility for education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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](http://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 information collection.



## EDUCATION BENEFIT ENTITLEMENT RESTORATION REQUEST DUE TO SCHOOL CLOSURE OR WITHDRAWAL

**IMPORTANT** - Please read Privacy Act Notice and Respondent Burden Information on Page 1 before completing form.

### PART I - APPLICANT IDENTIFICATION AND PERSONAL INFORMATION

1. NAME OF APPLICANT <i>(First, Middle Initial, Last)</i>		<b>VA DATE STAMP</b> (For VA Use Only)
2. VA FILE NUMBER		
3. CURRENT MAILING ADDRESS <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i>		
4. TELEPHONE NUMBER <i>(Include Area Code)</i>	5. EMAIL ADDRESS <i>(If applicable)</i>	

### PART II - INFORMATION NEEDED TO REVIEW FOR ENTITLEMENT RESTORATION

6A. DID YOUR SCHOOL CLOSE OR WAS YOUR INDIVIDUAL PROGRAM WITHDRAWN?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes", complete Item 6B)</i>	6B. PROVIDE THE NAME OF YOUR SCHOOL THAT CLOSED OR THE NAME OF THE SCHOOL WHERE YOUR PROGRAM WAS WITHDRAWN
7A. DID YOU COMPLETE A PROGRAM OF STUDY AT THE CLOSED/DISAPPROVED SCHOOL?  <input type="checkbox"/> YES <input type="checkbox"/> NO	7B. DID YOU RECEIVE CREDIT FOR THE HOURS BEING ATTEMPTED AT THE TIME OF THE CLOSURE OR WITHDRAWAL?  <input type="checkbox"/> YES <input type="checkbox"/> NO
7C. WERE YOU STILL ENROLLED IN THE PROGRAM OF STUDY WHEN THE SCHOOL CLOSED/DISAPPROVED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	7D. WERE YOU ON AN APPROVED LEAVE OF ABSENCE WHEN THE SCHOOL WAS CLOSED/DISAPPROVED?  <input type="checkbox"/> YES <input type="checkbox"/> NO
8A. DID YOU WITHDRAW FROM THE SCHOOL PRIOR TO THE SCHOOL CLOSING?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes", complete Item 8B)</i>	8B. PROVIDE THE DATE OF WITHDRAWAL FROM THE SCHOOL
9A. ARE YOU ENROLLED IN A COURSE OF STUDY AT A NEW SCHOOL?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes", complete Item 9B)</i>	9B. PROVIDE THE FULL NAME OF YOUR NEW SCHOOL AND PROGRAM
9C. ARE YOU COMPLETING YOUR PROGRAM OF STUDY AT A NEW SCHOOL THROUGH A TEACH-OUT AGREEMENT WITH THE CLOSED/DISAPPROVED SCHOOL?  <input type="checkbox"/> YES <input type="checkbox"/> NO	9D. IF YOU ARE ATTENDING A NEW SCHOOL, DID THEY GRANT ANY CREDIT FOR ANY COURSES TAKEN FROM THE CLOSED/DISAPPROVED SCHOOL?  <input type="checkbox"/> YES <input type="checkbox"/> NO
10. IF YOU ATTENDED A NON-COLLEGE DEGREE (NCD) SCHOOL THAT WAS CLOSED/DISAPPROVED, DID THAT SCHOOL TRANSFER ANY HOURS OR CREDITS?  <input type="checkbox"/> YES <input type="checkbox"/> NO	11. WHAT WAS YOUR LAST DATE OF ATTENDANCE AT THE CLOSED/DISAPPROVED SCHOOL

12. REMARKS <i>(If any)</i>	
-----------------------------	--

### PART III - CERTIFICATION AND SIGNATURE OF APPLICANT

**I CERTIFY THAT** all statements in my application are true and correct to the best of my knowledge and belief.

13A. SIGNATURE OF APPLICANT <i>(DO NOT Print) (Sign in ink)</i>	13B. DATE SIGNED <i>(MM,DD,YYYY)</i>
---	--------------------------------------

**PENALTY** - WILLFUL FALSE STATEMENTS AS TO A MATERIAL FACT IN A CLAIM FOR EDUCATION BENEFITS IS A PUNISHABLE OFFENSE AND MAY RESULT IN THE FORFEITURE OF THESE OR OTHER BENEFITS AND IN CRIMINAL PENALTIES.