



## 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 Enrollment Manager electronic 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.**

### CERTIFICATIONS

IT IS HEREBY CERTIFIED THAT:

- 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;
- 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;
- No course certified is a repetition of any course previously satisfactorily completed except as permitted by VA regulations;
- This institution holds no power of attorney agreement authorizing the institution to negotiate VA educational assistance allowance checks;
- **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;
- 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.);
- Check "Yes," if the student is a Yellow Ribbon Program participant;
- **FOR ENROLLMENTS UNDER CHAPTERS 30, 32, 33, 1606:** 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:

- **FOR NONCREDIT DEFICIENCY, REMEDIAL, OR REFRESHER COURSES:** The courses certified in Item 9C are needed by the student in order to pursue a program of education at this institution.
- **IF 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. To request advance payment, the beneficiary must complete Items 15A and 15B. Upon timely receipt of an advance pay request, VA will pay the beneficiary an advance payment of their benefits. An advance payment includes the first and second months education benefits (of which the first month may be prorated.)

### SPECIAL INSTRUCTIONS

**STEM SCHOLARSHIP RECIPIENTS** - Provide the Classification of Instructional Programs (CIP) code of the reported program in the "Remarks Section" Item 17. The CIP code is assigned by your school and reported to the Department of Education annually. STEM is only available to Chapter 33 students who have or will soon exhaust their Chapter 33 entitlement. All STEM enrollment certifications should be sent to the Buffalo Processing Office. *(Please refer to the State of Jurisdiction Chart below for Buffalo RPO mailing address.)*

**YELLOW RIBBON RECIPIENTS** - Enter the amount of Yellow Ribbon 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.

**GUEST STUDENT** - If certifying a guest student, place the name of the primary institution in Item 17, "Remarks".

**VACATION PERIODS** - For non-standard terms only, enter the begin and end date of a vacation period of 7 consecutive days or greater. The begin date entered should reflect the first day after the last day of class. The end date entered should reflect the last day before class resumes. The vacation period entered must be identified as a holiday period in your approved catalog.

**ACCELERATED PAYMENT INFORMATION** - Claimants must complete Items 16A and 16B on Side A to request an accelerated payment. Chapter 30 and 1606 beneficiaries (or beneficiaries receiving transfer-of-entitlement benefits under these chapters) may qualify for an accelerated payment. An accelerated payment can only be paid under chapter 30 to claimants enrolled in a high technology program. (A list of programs is on the Internet at "[www.gibill.va.gov](http://www.gibill.va.gov)".) Beneficiaries seeking an accelerated payment under chapter 1606 must be pursuing a high technology program *and* the cost of that program must exceed twice the amount of education benefits otherwise payable for that training.

### FLIGHT TRAINING

IT IS HEREBY CERTIFIED THAT:

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 enrollment 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 enrollment is on file at this institution. For all initial enrollment certifications, I have placed the name and date of the medical certificate in Items 8E and 8F on Side B.

## APPRENTICESHIP AND OTHER OJT PROGRAMS

IT IS HEREBY CERTIFIED THAT:

The employer will immediately notify VA when 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.

**Where to send this form (See exception for STEM Scholarship Recipients):**

**Step 1:** Mail the completed form to the VA Regional Processing Office for the region of that school's physical address. See below for the addresses of the VA Regional Processing Offices.

**Step 2:** The beneficiary will wait for VA to process this enrollment certification. The beneficiary will receive notice of our decision. VA will notify the beneficiary if he or she is determined to not be eligible for education benefits.

**Step 3: Exception for STEM Scholarship Recipients only:** All enrollment certifications for STEM Scholars should be sent to the Buffalo RPO address.

**NOTE:** The enrollment certification can also be submitted Online using Enrollment Manager.

<b>Eastern Region: VA Regional Office P.O. Box 4616 Buffalo, NY 14240-4616</b>									
<b>SERVES THE FOLLOWING STATES</b>									
CO	CT	DC	DE	IA	IL	IN	KS	KY	MA
MD	ME	MI	MN	MO	MT	NC	ND	NE	NH
NJ	NY	OH	PA	RI	SD	TN	VA	VT	WI
WV	WY	APO/FPO AA		FOREIGN SCHOOLS			US VIRGIN ISLANDS		

<b>Western Region: VA Regional Office P.O. Box 8888 Muskogee, OK 74402-8888</b>									
<b>SERVES THE FOLLOWING STATES</b>									
AK	AL	AR	AZ	CA	FL	GA	HI	ID	LA
MS	NM	NV	OK	OR	PR	SC	TX	UT	WA
APO / FPO AP		GUAM		PHILIPPINES			AMERICAN SAMOA & MARIANA ISLANDS		

**PRIVACY ACT:** 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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your response is required to obtain or retain benefits. While you do not have to respond, VA cannot pay the student any education benefits until we receive the 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:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0073, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at [VACOPaperworkReduAct@va.gov](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-0073 in any correspondence. Do not send your completed VA Form 22-19999 to this email address.

**NOTE: Tear off and read the Instruction and Certification Sheet before completing the form.**

OMB Control No. 2900-0073  
Respondent Burden: 10 Minutes  
Expiration Date: XX/XX/20XX



**Department of Veterans Affairs**

**Side**

**A**

**VA ENROLLMENT CERTIFICATION**

**IMPORTANT: Side A is for Institutions of Higher Learning or schools offering non-degree training.**

1. NAME OF STUDENT <i>(First, Middle, Last)</i>	2. VA FILE NO. <i>(For chapter 35, include suffix)</i>
3. CURRENT ADDRESS OF STUDENT	4. SOCIAL SECURITY NUMBER OF STUDENT <i>(If not entered in Item 2)</i>
5. TYPE OF TRAINING <input type="checkbox"/> UNDERGRADUATE COLLEGE DEGREE <input type="checkbox"/> COOPERATIVE <i>(Not Farm)</i> <input type="checkbox"/> GRADUATE OR ADVANCED PROFESSIONAL <input type="checkbox"/> FARM COOPERATIVE <input type="checkbox"/> NON-COLLEGE DEGREE <input type="checkbox"/> GUEST STUDENT <input type="checkbox"/> HIGH SCHOOL <i>(Supplemental School) *Parent School letter must be on file)</i> <input type="checkbox"/> STEM SCHOLARSHIP	6. NAME OF PROGRAM
	7A. IS STUDENT MATRICULATED AT YOUR FACILITY? <i>(For VA purposes, a student is matriculated when formally admitted as a degree seeking student)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
	7B. YELLOW RIBBON RECIPIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

**ENROLLMENT DATA**

8. DATE STUDENT ENROLLED IN CURRENT COURSE <i>(MM/DD/YYYY)</i>		9. COURSES TAKEN			10. CLOCK HOURS PER WEEK  HOURS	11. CHARGES FOR PERIODS OF INSTRUCTION  TUITION AND FEES	12. YELLOW RIBBON PROGRAM		13. TRAINING TIME <i>(Graduate or Advanced Professional Program)</i>
		CREDIT HOUR COURSE(S)		NON-CREDIT REMEDIAL/DEFICIENCY/REFRESHER			A. AMOUNT	B. OUT OF STATE CHARGES	
		TAKEN IN-RESIDENCE	TAKEN ONLINE						
A. BEGIN	B. END	A. HOURS	B. HOURS	C. HOURS					

14. VACATION PERIODS <i>(MM/DD/YYYY)</i>	15. ADDITIONAL INFORMATION FOR HIGH SCHOOL AND FARM CO-OP COURSES
A. BEGIN    B. END	A. HIGH SCHOOLS APPROVED ON A UNIT BASIS <i>(Enter the number of high school units for which the student is enrolled. If more than one term is reported in Items 8A and 8B, please report the number of units in consecutive order from left to right for question 15A.)</i>
	B. FARM CO-OP ONLY <i>(Is student pursuing course concurrently with substantially full-time agricultural employment averaging at least 40 hours per week?)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

**ADVANCE PAYMENT REQUEST (Note: Advance payment is not accelerated payment) (See Special Instructions)**

<b>I REQUEST AN ADVANCE PAYMENT</b> ▶	16A. SIGNATURE OF STUDENT	16B. DATE SIGNED <i>(MM/DD/YYYY)</i>
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**ACCELERATED PAYMENT REQUEST**

*(Note: Accelerated payment is not advance payment) (See Special Instructions)*

I am requesting an accelerated payment under either chapter 30 or 1606. If I am requesting payment under chapter 30, I certify I intend to seek employment in one of the following industries: Biotechnology, Life Science Technologies, Opto-electronics, Computers and Telecommunications, Electronics, Computer-integrated Manufacturing, Material Design, Aerospace, Weapons, or Nuclear Technology.

<b>I REQUEST AN ACCELERATED PAYMENT (Chapter 30 or 1606 only)</b> ▶	16C. SIGNATURE OF STUDENT	16D. DATE SIGNED <i>(MM/DD/YYYY)</i>
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17. REMARKS

**NOTE** - Complete Item 18 only if course(s) are contracted out to another school or are given at a branch location other than shown in Item 19B. Do not complete Item 18 if course(s) are taken at a branch or extension of a school as defined in 38 CFR 21.4266(c).

18. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION

**CERTIFICATIONS - The provisions described in paragraphs (1) through (14) on the attached sheet are certified if applicable.**

19A. FACILITY CODE	19B. SCHOOL NAME AND ADDRESS
19C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	19D. SIGNATURE OF CERTIFYING OFFICIAL
	19E. DATE SIGNED <i>(MM/DD/YYYY)</i>

**NOTE: Tear off the Instructions and Certifications sheet before completing the form.**

OMB Control No. 2900-0073  
Respondent Burden: 10 Minutes  
Expiration Date: XX/XX/20XX

<b>Department of Veterans Affairs</b>					<b>Side B</b>
<b>VA ENROLLMENT CERTIFICATION</b>					
<b>IMPORTANT: Side B is for flight, correspondence, and apprenticeship or on-the-job training programs.</b>					
1. NAME OF STUDENT <i>(First, Middle, Last)</i>			2. VA FILE NO. <i>(For chapter 35, include suffix.)</i>		
3. CURRENT ADDRESS OF STUDENT			4. SOCIAL SECURITY NUMBER OF STUDENT <i>(If not entered in Item 2)</i>		
			5. NAME OF PROGRAM		
6. TYPE OF TRAINING <input type="checkbox"/> FLIGHT TRAINING <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB			7. CREDIT FOR PREVIOUS TRAINING <i>(Not Flight)</i>		
<b>VOCATIONAL FLIGHT TRAINING <i>(See Instructions)</i></b>					
8A. CREDIT ALLOWED FOR PREVIOUS EDUCATION AND TRAINING					8B. DATE OF ENROLLMENT IN CURRENT COURSE <i>(MM/DD/YYYY)</i>
DUAL	DUAL SIMULATOR	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS	
8C. NUMBER OF HOURS/UNITS OF INSTRUCTION IN CURRENT COURSE					8D. TOTAL CHARGES  \$
DUAL	DUAL SIMULATOR	SOLO	GROUND SCHOOL	PRE- AND POST FLIGHT	
8E. CLASS OF MEDICAL CERTIFICATE HELD BY STUDENT ON DATE OF ENROLLMENT IN THIS FLIGHT COURSE					8F. DATE OF LAST EXAMINATION <i>(MM/DD/YYYY)</i>
<b>CORRESPONDENCE TRAINING</b>					
<b>IMPORTANT: A VA Form 22-1999c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before VA can authorize payment for this correspondence course.</b>					
9A. DATE FIRST LESSON SENT TO STUDENT <i>(MM/DD/YYYY)</i>	9B. NUMBER OF LESSONS FOR WHICH STUDENT IS ENROLLED	9C. CHARGE PER LESSON TO STUDENT	9D. WERE ANY LESSONS SERVICED BEFORE THE DATE ENTERED IN ITEM 9A? <input type="checkbox"/> YES <i>(If "Yes," show lesson number and date serviced in Item 11, "Remarks")</i> <input type="checkbox"/> NO		
<b>APPRENTICESHIP AND ON-THE-JOB TRAINING</b>					
10A. TRAINING DATES <i>(MM/DD/YYYY)</i>		10B. TYPE OF TRAINING <input type="checkbox"/> APPRENTICESHIP  <input type="checkbox"/> ON-THE-JOB	10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM	10D. NUMBER OF HOURS IN STANDARD WORK WEEK	
BEGINNING	ENDING			HRS.	HRS.
			HRS.	HRS.	
			HRS.	HRS.	
11. REMARKS <i>(You may show monthly number of hours worked to date here or use VA Form 22-6553d-1)</i>					
<b>CERTIFICATIONS - The provisions described in paragraphs (1) through (15) on the attached sheet are certified if applicable.</b>					
12A. FACILITY CODE		12B. SCHOOL NAME AND ADDRESS			
12C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL		12D. SIGNATURE OF CERTIFYING OFFICIAL		12E. DATE SIGNED <i>(MM/DD/YYYY)</i>	