



# INSTITUTION OF HIGHER LEARNING - PROGRAM SUBMISSION LIST

## SIGNATURE PAGE

### PART I: INSTITUTION CONTACTS

NAME OF SCHOOL CERTIFYING OFFICIAL <i>(Leave blank for original application)</i>	SCHOOL CERTIFYING OFFICIAL EMAIL ADDRESS <i>(Leave blank for original application)</i>
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### PART II: CERTIFICATION AND SIGNATURE OF AUTHORIZING OFFICIAL

**NOTE: ADDITIONAL DOCUMENTATION** - The State Approving Agency and/or VA may require additional information or documentation to process a facility approval and meet applicable state or federal laws.

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

NAME OF AUTHORIZING OFFICIAL	SIGNATURE OF AUTHORIZING OFFICIAL	DATE SIGNED <i>(MM/DD/YYYY)</i>
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**PRIVACY ACT INFORMATION:** VA will not disclose information collected on this form to any sources other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations, Section 1.526 for routine uses (e.g. VA sends education 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 the VA to obtain further information as may be necessary from the school for the 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.

**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 2900-0932, and it expires 4/30/2027. Public reporting burden for this collection of information is estimated to average 1 hour 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. 2900-0932 in any correspondence. Do not send your completed VA Form 22-10287a to this email address.



REMARKS

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