OMB Control No. 2900-0923
Respondent Burden: 10 minutes
Expiration Date: XX/XX/20XX

VA | U.S. Department of Veterans Affairs

REQUEST FOR RESTORATION OF ENTITLEMENT DUE TO FACILITY CLOSURE, PROGRAM OF TRAINING OR COURSE DISAPPROVAL
(Chapter 31 - Veteran Readiness and Employment)

Before completing this form, read the Privacy Act and Respondent Burden on Page 2. Use this form to submit a request for Chapter 31 restoration of entitlement due to facility closure, program of training or course disapproval. For more information, contact us at https://www.va.gov/contact-us, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms.

PART I - APPLICANT IDENTIFICATION AND PERSONAL INFORMATION

NOTE: You may complete the form online or by hand. If completing by hand, print neatly and legibly in ink, and completely fill in each applicable circle to help expedite processing of the form.

1. NAME OF CLAIMANT *(First-Middle-Last)*

2. VA FILE NUMBER (Last 4)

3. CURRENT MAILING ADDRESS *(Number and street or rural route, city or P.O., State and ZIP Code and Country)*

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code –

4.TELEPHONE NUMBER *(Include Area Code)*

– –

Enter International Phone Number *(If applicable)*

5. E-MAIL ADDRESS ◯ I agree to receive electronic correspondence from VA in regards to my claim.

PART II - INFORMATION NEEDED TO REVIEW FOR RESTORATION OF ENTITLEMENT

6. PROVIDE THE NAME AND ADDRESS OF THE FACILITY THAT WAS CLOSED OR COURSE DISAPPROVED *(If more space is needed, use Item 12 - Remarks)*

Name

No. & Street

City State/Province Country

ZIP Code/Postal Code –

OR Course Disapproved

7A. DID YOU COMPLETE A PROGRAM OF TRAINING OR COURSE THAT WAS DISAPPROVED OR THE FACILITY CLOSED?

◯ YES ◯ NO

7B. DID YOU RECEIVE CREDIT FOR THE ENROLLED HOURS BEING ATTEMPTED AT THE TIME OF THE CLOSURE OR DISAPPROVAL?

◯ YES ◯ NO

7C. WERE YOU STILL ENROLLED IN THE PROGRAM OF TRAINING OR A COURSE WHEN THE FACILITY CLOSED OR A PROGRAM OF TRAINING OR COURSE WAS DISAPPROVED?

◯ YES ◯ NO

7D. WERE YOU ON AN APPROVED LEAVE OF ABSENCE WHEN THE FACILITY WAS CLOSED OR DISAPPROVED?

◯ YES ◯ NO

8A. DID YOU WITHDRAW FROM THE FACILITY PRIOR TO THE FACILITY CLOSING?

◯ YES ◯ NO *(If "Yes," complete Item 8B)*

8B. PROVIDE THE DATE OF WITHDRAWAL FROM THE FACILITY *(MM/DD/YYYY)*

DATE

PART II - INFORMATION NEEDED TO REVIEW FOR RESTORATION OF ENTITLEMENT (Continued)

9A. ARE YOU ENROLLED IN A PROGRAM OF TRAINING OR COURSE AT A NEW FACILITY? ◯ YES ◯ NO *(If "Yes," complete Item 9B)*

9B. PROVIDE THE FULL NAME OF YOUR NEW FACILITY AND PROGRAM OF TRAINING OR COURSE

9C. IF YOU ARE ATTENDING A NEW FACILITY, DID THEY GRANT 12 OR MORE CREDIT HOURS FOR COURSE(S) TAKEN FROM THE CLOSED OR DISAPPROVED FACILITY?

◯ YES ◯ NO *(If "Yes," please attach degree audit after "No" checkbox)*

10. IF YOU ATTENDED A NON-COLLEGE DEGREE (NCD) FACILITY THAT WAS CLOSED, OR WAS DISAPPROVED, DID THAT FACILITY TRANSFER ANY HOURS OR CREDITS?

◯ YES ◯ NO *(If "Yes," please attach degree audit after "No" checkbox)*

11. WHAT WAS YOUR LAST DATE OF ATTENDANCE AT THE CLOSED OR DISAPPROVED FACILITY?

DATE

(If "Yes," please attach degree audit after "No" checkbox)

12. REMARKS *(If any)*

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	13B. DATE SIGNED *(MM/DD/YYYY)*

PENALTY: The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). Your obligation to respond is required in order to obtain benefits. 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., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veterans Readiness and Employment Records - VA, published in the Federal Register. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDANT 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 2900-0923, 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 **vapra@va.gov**. Please refer to OMB Control No. 2900-0923 in any correspondence. Do not send your completed VA Form 28-10281 to this email address.

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE REQUEST FOR RESTORATION OF ENTITLEMENT DUE TO FACILITY CLOSURE, PROGRAM OF TRAINING OR COURSE DISAPPROVAL (Chapter 31-Veteran Readiness and Employment) (VA FORM 28-10281)

HOW TO USE THIS FORM

Use this form to apply for a request for restoration of entitlement for Department of Veterans Affairs Veterans Readiness and Employment (VR&E) benefits used at a facility that has closed or program of training or course has been disapproved. Please respond to all required questions regardless of the type of facility you were attending and provide the requested documentation.

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 program of training or course was disapproved, or the facility closed.

VA is able to restore entitlement for the entire program of education, not just the last term, quarter, or semester if you were not able to transfer at least 12 credits to a new school and your last enrollment period was within 120 days of the facility closure or disapproval.

PART I

In this section, complete your name, last four of VA file number, mailing address, telephone number and email address.

PART 2

In this section, respond to all applicable questions regarding the facility closure, program of training or course disapproval.

PART 3

In this section, sign and date prior to submission of completed form.

HOW TO FILE YOUR CLAIM

After completing this form, if returning by mail to:

Department of Veterans Affairs, Veteran Readiness and Employment (VR&E) Intake Center
P.O. Box 5210, Janesville, WI, 53547-5210.