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: 01/31/2028

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 *(First, Middle, Last)*	2. VA FILE NO. *(For chapter 35, include suffix)*
3. CURRENT ADDRESS OF STUDENT	4. SOCIAL SECURITY NUMBER OF STUDENT *(If not entered in Item 2)*

5. TYPE OF TRAINING

- ☐ UNDERGRADUATE COLLEGE DEGREE
- ☐ GRADUATE OR ADVANCED PROFESSIONAL
- ☐ NON-COLLEGE DEGREE
- ☐ HIGH SCHOOL
- ☐ STEM SCHOLARSHIP
- ☐ COOPERATIVE *(Not Farm)*
- ☐ FARM COOPERATIVE
- ☐ GUEST STUDENT *(Supplemental School) *Parent School letter must be on file))*

6. NAME OF PROGRAM

7A. IS STUDENT MATRICULATED AT YOUR FACILITY? *(For VA purposes, a student is matriculated when formally admitted as a degree seeking student)* ☐ YES ☐ NO

7B. YELLOW RIBBON RECIPIENT? ☐ YES ☐ NO

ENROLLMENT DATA

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

14. VACATION PERIODS *(MM/DD/YYYY)*		15. ADDITIONAL INFORMATION FOR HIGH SCHOOL AND FARM CO-OP COURSES
A. BEGIN	B. END	A. HIGH SCHOOLS APPROVED ON A UNIT BASIS *(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.)*
		B. FARM CO-OP ONLY *(Is student pursuing course concurrently with substantially full-time agricultural employment averaging at least 40 hours per week?)* ☐ YES ☐ NO

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

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

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.

I REQUEST AN ACCELERATED PAYMENT (Chapter 30 or 1606 only) ▶	16C. SIGNATURE OF STUDENT	16D. DATE SIGNED *(MM/DD/YYYY)*

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 *(MM/DD/YYYY)*