



## APPLICATION FOR APPROVAL OF A PROGRAM IN A FOREIGN COUNTRY

### PART I - GENERAL INFORMATION

1. TELL US WHY YOU ARE SUBMITTING THIS APPLICATION *(You may check more than one box.)*

- INITIAL APPLICATION.** This is a request for an initial approval to be designated as an institution with programs eligible for participation in VA GI Bill® benefit programs.
- APPROVAL OF NEW PROGRAM(S).** This is a request for additional programs to be approved and added to a current, active GI Bill Approval.
- REAPPROVALS.** This is a request for a full reapproval of currently approved GI Bill program. Program reapprovals are required every 24 months.
- UPDATE INFORMATION.** The purpose of this application is to update information about the institution. If "update information" is checked, please identify at least one purpose below. This may include issues such as changes of address, banking information, etc.
- OTHER.** *(Specify)* \_\_\_\_\_

2A. THE INSTITUTION IS CLASSIFIED AS:

- PUBLIC     PRIVATE-FOR-PROFIT     PRIVATE-NOT-FOR-PROFIT

2B. DOES YOUR COUNTRY'S GOVERNING AUTHORITY, WITH OVERSIGHT OVER EDUCATIONAL INSTITUTIONS AND PROGRAMS, OFFICIALLY CLASSIFY THE FACILITY AS A INSTITUTION OF HIGHER LEARNING? *(i.e., as a college, university, or similar establishment offering postsecondary level academic instruction leading to the conferring of a degree.)*

- YES     NO    *(If "YES," what type of degree(s)?)* \_\_\_\_\_

3A. NAME OF INSTITUTION

3B. VA FACILITY CODE *(If known)*

4A. PHYSICAL ADDRESS

4B. MAILING ADDRESS

4C. COUNTRY

5. INSTITUTION WEBSITE ADDRESS

### PART II - DEGREE PROGRAMS

6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE EDUCATIONAL PROGRAMS THAT YOU ARE REQUESTING TO BE APPROVED FOR GI BILL BENEFITS.

NAME OF DEGREE PROGRAM <i>(i.e. AS Business Administration, BS Information Technology)</i>	TOTAL LENGTH OF PROGRAM <i>(i.e. 2 year, 3 year program)</i>	NUMBER OF WEEKS PER TERM/SEMESTER	ENTRY REQUIREMENTS	NUMBER OF CREDIT HOURS

- Check here if you are requesting approval for more than 4 programs and continue on a separate sheet(s). Please annotate each sheet to read, for example, 1 of 3, 2 of 3 etc., and attach the separate sheet(s) to the approval package.

### PART III - SCHOOL CERTIFICATION AND ACKNOWLEDGEMENTS

7. THE FOLLOWING ARE REQUIREMENTS FOR PARTICIPATION. VA MUST BE ABLE TO VERIFY THE FOLLOWING INFORMATION USING THE SUBMITTED DOCUMENTATION OR OTHER PUBLISHED INFORMATION.

- The institution has adequate available space, the appropriate facilities and equipment to conduct the programs for which it seeks approval.
- The institution has a calendar showing holidays, closings, beginning and end-dates of each quarter, term or semester, and other important dates, such as exam periods.
- The institution has documented policies relative to the refund of the unused portion of a tuition, fees, and other charges in the event a student withdraws or discontinues their enrollment.

Authorizing Official  
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**PART III - SCHOOL CERTIFICATION AND ACKNOWLEDGEMENTS (Continued)**

8. THE INSTITUTION MUST RETAIN THE RECORDS AND ACCOUNT INFORMATION OF VA STUDENTS FOR THREE YEARS FOLLOWING THE ENDING DATE OF THE LAST PERIOD OF ATTENDANCE CERTIFIED TO VA. THE INSTITUTION MUST MAKE THESE RECORDS AVAILABLE FOR VA INSPECTION UPON REQUEST FOR THE PURPOSE OF VERIFICATION OF COMPLIANCE WITH THE FOLLOWING PROGRAM REQUIREMENTS:

- Maintain sufficient records to show the progress of each VA student and to promptly inform VA when the conduct or progress of any VA student is not satisfactory in accordance with the regularly prescribed standards and practices of the institution.
- Institution will give appropriate credit for previous education and training of VA students and shorten the training program appropriately.
- Institution will only certify to VA, courses that are required for the completion of the student's degree program.
- Institution will charge both VA and Non-VA students the same tuition, fees and other related miscellaneous amounts for the costs of attendance.
- Institution will agree to promptly inform the VA when it comes to the school's attention that any VA student:
  - Has changes in hours of credit or attendance, or
  - Has interrupted or discontinued a course or program of study, giving the date(s) of withdrawal, and the reason(s), if known, or
  - Completed/graduated from the program, or
  - Receives grade(s) for any course(s) that will not be used when computing graduation requirements.

Authorizing Official  
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9. INSTITUTION UNDERSTANDS THE FOLLOWING IMPORTANT PROGRAM REQUIREMENTS AND/OR LIMITATIONS:

- Institution will be financially responsible to VA for the payments made directly to the educational institution pursuant to the Post-9/11 GI Bill, and the Yellow Ribbon GI Bill Educational Enhancement Program.
- Institution will not impose any penalty, including the assessment of late fees, the denial of access to classes, or other institutional facilities, or require that VA students borrow funds due to VA-delayed disbursement of funding.
- Institution will not engage in advertising and/or enrollment practices of any type, which are erroneous, deceptive, or misleading either by actual statement, omission or intimidation.
- Institutions are prohibited from using "GI Bill" in any manner that directly or indirectly implies a relationship affiliation, or endorsement affiliation with the Department of Veterans Affairs.
- Institution must select an employee to act as a VA contact person (School Certifying Official) and will complete a new VA Form 22-8794, Designation of Certifying Official, whenever a new employee is selected to perform this role.
- Institution agrees to adhere to the VA GI Bill Trademark Terms of Use. Please click this link for information regarding the Terms of Use. [Trademark Terms of Use - Education and Training \(va.gov\)](#).
- Institution agrees to submit all enrollment certifications and any amendments, adjustments, or terminations electronically through the VA Online Certification Enrollment (VA-ONCE system. [VA-ONCE Student LOGIN PAGE \(U.S. Department of Veterans Affairs\)](#))

Authorizing Official  
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10. INSTITUTIONS THAT PARTICIPATE IN VA GI BILL PROGRAMS MUST AGREE TO ELECTRONIC FUNDS TRANSFER (EFT) - DIRECT DEPOSIT TRANSACTIONS FOR THE PAYMENT OF FUNDS OWED TO THE INSTITUTION.

Authorizing Official  
Initial Here

**NOTE:** VA will contact the institution to make arrangements to set up electronic funds transfer (EFT) - Direct Deposit or International Direct Deposit Arrangement.

11. BRANCHES: PLEASE LIST OTHER OFF-CAMPUS LOCATIONS, INCLUDING COMPLETE MAILING ADDRESS FOR EACH OFF-CAMPUS LOCATION WITHIN SAME COUNTRY.

BRANCH	COMPLETE ADDRESS

IF MORE THAN 4 BRANCHES, PLEASE ATTACH A COPY OF THE COMPLETE LIST OF BRANCHES WITH YOUR APPLICATION. PLEASE EMAIL [FEDERAL.APPROVALS@VA.GOV](mailto:FEDERAL.APPROVALS@VA.GOV) FOR ANY ADDITIONAL QUESTIONS.

12. LIST OF SCHOOL GOVERNING BODY, OFFICIALS AND FACULTY. *(Please attach a separate sheet if you would like to list additional names.)*

OFFICIALS AND FACULTY	TITLE

**PART IV - MEDICAL SCHOOL INFORMATION ONLY**

13. INSTITUTION IS LISTED AS A MEDICAL SCHOOL IN THE WORLD DIRECTORY OF MEDICAL SCHOOLS PUBLISHED BY THE WORLD HEALTH ORGANIZATION.  
 YES  NO

14. THE NAME OF THE ACCREDITING AUTHORITY OPERATING IN YOUR COUNTRY THAT RECOGNIZES THE INSTITUTION AS A MEDICAL SCHOOL.

15. INSTITUTION PROVIDES *(and requires its students to complete)*, A PROGRAM OF CLINICAL AND CLASSROOM INSTRUCTION THAT IS AT LEAST 32 MONTHS IN LENGTH.  
 YES  NO

16. INSTITUTION GRADUATED CLASSES DURING EACH OF THE LAST TWO 12-MONTH PERIODS.  
 YES  NO

*(If "YES," include the date (month, day, year) of the last two graduating classes and the number of students that graduated in each class.)*

DATE OF GRADUATING CLASS (MM/DD/YYYY): \_\_\_\_\_ NUMBER OF STUDENTS THAT GRADUATED: \_\_\_\_\_

DATE OF GRADUATING CLASS (MM/DD/YYYY): \_\_\_\_\_ NUMBER OF STUDENTS THAT GRADUATED: \_\_\_\_\_

**PART V - INSTITUTION CONTACTS**

17A. NAME OF SCHOOL FINANCIAL REPRESENTATIVE

17B. SCHOOL FINANCIAL REPRESENTATIVE EMAIL ADDRESS

18A. NAME OF SCHOOL CERTIFYING OFFICIAL *(No signature for original applications)*

18B. SCHOOL CERTIFYING OFFICIAL EMAIL ADDRESS

**PART VI - CERTIFICATION AND SIGNATURE OF AUTHORIZING OFFICIAL**

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

19A. NAME OF AUTHORIZING OFFICIAL

19B. SIGNATURE OF AUTHORIZING OFFICIAL

19C. DATE SIGNED (MM/DD/YYYY)

**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. 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. While you do not have to respond, VA cannot process your claim for education assistance 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). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your continued eligibility to VA 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 20 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 <http://www.reginfo.gov/public/do/PRAMain>.

## INSTRUCTIONS AND INFORMATION PAGE

### **Line Items 7 - 10**

In order for a program to be approved, line items 7 - 10 must be initialed by the institution authorizing official acknowledging agreement and compliance with the requirements. If the school is unable to agree to EFT requirements, programs will not be approved for VA benefits.

### **Line Items 11 - 12**

These sections must be completed in its entirety. Attach additional sheets if necessary.

### **Line Items 13 - 16**

These questions only need to be completed by medical schools. If the institution is not a medical school, you can disregard these questions.

### **IF YOU NEED HELP**

If you need help in completing this form, you can contact the VA at: [Federal.Approvals@va.gov](mailto:Federal.Approvals@va.gov).

### **TO FILE THIS FORM**

Please email the form to [Federal.Approvals@va.gov](mailto:Federal.Approvals@va.gov). No need to send a hard copy application via U.S. mail.