



NON-INSTITUTION OF HIGHER LEARNING PROGRAM SUBMISSION LISTS

INSTRUCTIONS

When completing VA Form 22-10288a, Program Submission List, please only complete the section related to the type of training provided by your facility, leaving the pages with different types of training blank. Please complete Part I and Part II below in their entirety.

Please Note: This form must be submitted with VA Form 22-10288, Application for Approval of a Non-College Degree, Vocational Flight School, License/Certification Exam, Preparatory Courses for License/Certification, Correspondence School, High School, Apprenticeship/On-the-Job Training or Multi-State Apprenticeship Facility.

After completing the Application and Program Submission List, please email the documents to the State Approving Agency (SAA) of jurisdiction for their review. Please use this link: <https://nasaa-vetseducation.com/nasaa-contacts/> to locate the SAA with jurisdiction over your facility (or facilities).

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>	
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>
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: The respondent population for this form are educational and training institutions that work coordinately with third-party State Approving Agencies. We need this information to determine whether your institution can have programs approved by a State Approving Agency for the purpose of VA Educational Benefits. We estimate that you will need an average of 1 hour 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 www.reginfo.gov/public/do/PRAMain .		

CORRESPONDENCE SCHOOL / COURSES - PROGRAM SUBMISSION LIST

1. INSTITUTION NAME

2. FACILITY CODE

 3. CATALOG PUBLICATIONS USED IN THIS FORM *(If your submission requires more than three catalog publications, please attach an additional copy of this form.)*

1)

2)

3)

SUBMITTED CORRESPONDENCE PROGRAMS FOR EVALUATION OF APPROVAL

PROGRAM NAME	AWARD/ DEGREE	CATALOG PUBLICATION NUMBER <i>(As Listed Above)</i>	PAGE NUMBER PROGRAM LISTED	IN THE PAST SIX MONTHS, HAVE 50% OF THOSE PURSUING THE COURSE COMPLETED IT WITHIN SIX MONTHS? (Y/N)	CIP CODE	NOTES	SAA USE ONLY Approve (Y/N)

REMARKS

This is page ____ of ____ with programs submitted for approval.