Department of Veterans Affairs

INSTITUTION OF HIGHER LEARNING - PROGRAM SUBMISSION LIST

SIGNATURE PAGE

PART I: INSTITUTION CONTACTS

NAME OF SCHOOL CERTIFYING OFFICIAL *(Leave blank for original application)*	SCHOOL CERTIFYING OFFICIAL EMAIL ADDRESS *(Leave blank for original application)*

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 *(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.

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 01/31/2028. 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. Please refer to OMB Control No. 2900-0932 in any correspondence. Do not send your completed VA Form 22-10287a to this email address.

OMB Approved No. 2900-0932
Respondent Burden: 1 hour
Expiration Date: 01/31/2028

Department of Veterans Affairs

INSTITUTION OF HIGHER LEARNING - PROGRAM SUBMISSION LIST

INSTRUCTIONS: When completing VA Form 22-10287a, Program Submission List, please complete each section, as applicable for your facility. Please complete Part I and Part II below in their entirety.

NOTE: This form must be submitted with the VA Form 22-10287, Application for Approval of an Institution of Higher Learning Facility. After completing the Institution of Higher Learning - Program Submission List, please email the documents to the State Approving Agency (SAA) of jurisdiction for their review. Please use the following link to locate the SAA with jurisdiction over your facility *(or facilities)*: https://nasaa-vetseducation.com/nasaa-contacts/.

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 IHL/NCD PROGRAMS FOR EVALUATION OF APPROVAL

PROGRAM NAME	AWARD/ DEGREE	CATALOG PUBLICATION NUMBER *(As listed above)*	PAGE NUMBER PROGAM LISTED	CREDITS/CLOCK HOURS OF PROGRAM *(Non-Accredited, NCD, or Clock Hour Programs Only)*	CIP CODE	NOTES	SAA USE ONLY APPROVE? *(Yes/No)*

REMARKS

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

OMB Approved No. 2900-0932
Respondent Burden: 1 hour
Expiration Date: 01/31/2028

Department of Veterans Affairs

NON-COLLEGE DEGREE - 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 NCD PROGRAMS FOR EVALUATION OF APPROVAL

PROGRAM NAME	AWARD/ DEGREE	CATALOG PUBLICATION NUMBER *(As listed above)*	PAGE NUMBER PROGAM LISTED	CREDITS/CLOCK HOURS OF PROGRAM	NUMBER OF THEORY vs. NUMBER OF SHOP/ PRACTICE CLOCK HOURS	CIP CODE	NOTES	SAA USE ONLY APPROVE? *(Yes/No)*

REMARKS

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