



## 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                 |
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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                        |                                 |
| <b>NOTE: ADDITIONAL DOCUMENTATION</b> - 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> |
| <b>PRIVACY ACT INFORMATION:</b> 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.                                                                                                                                                                   |                                                                                        |                                 |
| <b>RESPONDENT BURDEN:</b> 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 <a href="mailto:VACOPaperworkReduAct@va.gov">VACOPaperworkReduAct@va.gov</a> . Please refer to OMB Control No. 2900-0932 in any correspondence. Do not send your completed VA Form 22-10288a to this email address. |                                                                                        |                                 |

**HIGH SCHOOL - 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 HIGH SCHOOL DIPLOMA PROGRAMS FOR EVALUATION OF APPROVAL**

| PROGRAM NAME | AWARD/<br>DEGREE | CATALOG<br>PUBLICATION<br>NUMBER<br><i>(As Listed<br/>Above)</i> | PAGE<br>NUMBER<br>PROGRAM<br>LISTED | CREDITS/<br>CLOCK<br>HOURS FOR<br>GRADUATION | CIP CODE | NOTES | SAA USE<br>ONLY<br><br>Approve<br>(Y/N) |
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REMARKS

This is page \_\_\_\_ of \_\_\_\_ with programs submitted for approval.