



Department of Veterans Affairs

APPLICATION FOR APPROVAL OF A PROGRAM IN A FOREIGN COUNTRY

PART I - SCHOOL INFORMATION

1. NAME OF SCHOOL		VA DATE STAMP DO NOT WRITE IN THIS SPACE
2. MAILING ADDRESS <i>(Complete mailing address including the country)</i>		
3A. NAME OF SCHOOL POINT OF CONTACT	3B. POINT OF CONTACT'S EMAIL ADDRESS	
4. IS THE SCHOOL CONSIDERED: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE-FOR-PROFIT <input type="checkbox"/> PRIVATE-NOT-FOR-PROFIT		
5. DOES THE MINISTRY, DEPARTMENT, OR OFFICE OF EDUCATION, ETC., IN YOUR COUNTRY, OFFICIALLY CLASSIFY THE SCHOOL AS AN INSTITUTION OF HIGHER LEARNING? <i>(i.e., as a college, university, or similar establishment offering postsecondary level academic instruction leading to the conferring of a degree.)</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," what type of degree(s)?)</i>		

PART II - VA STUDENT INFORMATION

6. NAME OF THE STUDENT	7A. NAME OF THE DEGREE PROGRAM THE STUDENT WILL PURSUE	7B. LENGTH OF THE DEGREE PROGRAM
7C. ENTRY REQUIREMENTS FOR THE DEGREE PROGRAM		
8. IS THE DEGREE PROGRAM: <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE		

PART III - SCHOOL CERTIFICATION

9. WILL THE INSTITUTION GIVE APPROPRIATE CREDIT FOR PREVIOUS EDUCATION AND TRAINING OF VA STUDENTS, SHORTEN THE TRAINING PERIOD PROPORTIONATELY AND REFLECT THE CREDIT GRANTED ON THE ENROLLMENT CERTIFICATIONS?
<input type="checkbox"/> YES <input type="checkbox"/> NO
10. WILL THE INSTITUTION AGREE TO ACCEPT STUDENTS FOUND TO BE ELIGIBLE FOR VA BENEFITS AT THE STUDENT'S EXPENSE, IN ACCORDANCE WITH PROVISIONS OF THE LAW, AND AT RATES FOR TUITION, RELATED INSTRUCTIONAL FEES AND EXPENSES NOT GREATER THAN THOSE REQUIRED OF OTHER STUDENTS SIMILARLY CIRCUMSTANCED?
<input type="checkbox"/> YES <input type="checkbox"/> NO
11. WILL THE INSTITUTION AGREE TO MAINTAIN SUFFICIENT RECORDS TO SHOW THE PROGRESS OF EACH VA STUDENT AND TO PROMPTLY INFORM THE 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?
<input type="checkbox"/> YES <input type="checkbox"/> NO
12A. WILL THE INSTITUTION AGREE TO COMPLETE THE ENROLLMENT CERTIFICATIONS AND AGREE NOT TO INCLUDE ANY COURSES THAT ARE AUDITED <i>(no credit applied toward program requirements)?</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO
12B. WILL THE INSTITUTION ALSO AGREE TO PROMPTLY INFORM THE VA WHEN IT COMES TO THE SCHOOL'S ATTENTION THAT ANY VA STUDENT:
<ul style="list-style-type: none"> 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 RECEIVES GRADE(S) FOR ANY COURSE(S) THAT WILL NOT BE USED WHEN COMPUTING GRADUATION REQUIREMENTS?
<input type="checkbox"/> YES <input type="checkbox"/> NO
13. WILL THE INSTITUTION, IF AND WHEN REQUESTED BY VA MAKE ALL APPROPRIATE RECORDS PERTAINING TO THE ENROLLMENT OF VA STUDENTS AVAILABLE FOR EXAMINATION BY VA OR ITS REPRESENTATIVES?
<input type="checkbox"/> YES <input type="checkbox"/> NO

PART IV - MEDICAL SCHOOL INFORMATION ONLY

14. IS THE SCHOOL LISTED AS A MEDICAL SCHOOL IN THE WORLD DIRECTORY OF MEDICAL SCHOOLS PUBLISHED BY THE WORLD HEALTH ORGANIZATION?
<input type="checkbox"/> YES <input type="checkbox"/> NO
15. WHAT IS THE NAME OF THE ACCREDITING AUTHORITY IN YOUR COUNTRY THAT RECOGNIZES THE SCHOOL AS A MEDICAL SCHOOL?
16. DOES THE SCHOOL PROVIDE <i>(and requires its students to complete)</i> A PROGRAM OF CLINICAL AND CLASSROOM INSTRUCTION THAT IS AT LEAST 32 MONTHS IN LENGTH?
<input type="checkbox"/> YES <input type="checkbox"/> NO

PART IV - MEDICAL SCHOOL INFORMATION ONLY (Continued)

17. HAS THE SCHOOL 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 NUMBER OF STUDENTS THAT GRADUATED

PART V - CERTIFICATION AND SIGNATURE OF SCHOOL OFFICIAL

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

18A. SIGNATURE OF SCHOOL OFFICIAL

18B. TITLE OF SCHOOL OFFICIAL

18C. DATE SIGNED

19. REMARKS *(if any)*

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 Vocational Rehabilitation and Employment Records - VA , and 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

When Should You Use This Form?

Use this form when:

Applying for approval of a program at a school outside the United States.

INSTRUCTIONS FOR SPECIFIC ITEMS ON THE FORM

Most items on this form are self-explanatory. Here is additional information on certain items.

Questions 9 - 13

In order for a program to be approved, questions 9 - 13 must be answered "YES." If the school is unable to agree to these requirements due to Privacy Laws, please have the student sign a waiver allowing the school to agree to these requirements.

Questions 14 - 17

These questions only need to be completed by medical schools. If the school 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: Foreign-Schools.VBABUF@VA.GOV.

TO FILE THIS FORM:

A. Please mail the form to the following address:

Foreign School Approval Department
VA Regional Office
130 S. Elmwood Ave., Suite 601
Buffalo, NY 14202

B. Please email the form to the following email address: Foreign-Schools.VBABUF@VA.GOV.