The school must complete and submit an application for each educational program for which the school requests approval for veterans training at this branch location. Title 38, U.S. Code requires that educational institutions and their branches be approved by the State Approving Agency (SAA) prior to certification of enrollment of eligible students to the U.S. Department of Veterans Affairs (VA).

1. Name of School Making Application

2. Branch Location (list only one).
   Name
   Address

3. Other Identifiers of Branch Location (i.e., room number(s) or name(s), name of building or business, etc.). Be specific.

4. On-site Contact Person at this Branch Location.
   Name ___________________________ Telephone Number ___________________________ (including area code)
   Title ___________________________ Time Available ___________________________

5. Describe in detail the plans and provisions the parent institution has to monitor and provide oversight of the administration and educational process at this branch location that will ensure the school's policies and standards of educational quality are followed and maintained. (Use additional sheets as necessary.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
6. List the Name, Length in Clock Hours and Starting Date at this location of the program(s) for which you are requesting approval for veterans training.

<table>
<thead>
<tr>
<th>Name</th>
<th>Length</th>
<th>Starting Date at this Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Attach a copy of the curriculum for the program(s) listed in item #6. Include the name, course number, course description and length in clock hours of each subject included in the program.

I certify that the above information is complete, true and correct to the best of my knowledge.

Name of School Official

Title

Signature of School Official

Date