



Title 38, U.S. Code 3675, 3676

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF HIGHER EDUCATION  
OFFICE OF VETERANS EDUCATION  
STATE APPROVING AGENCY  
454 Broadway, Suite 200 Revere, MA 02151  
(617) 391-6072 FAX (617) 727-0667

## HIGH SCHOOL APPROVAL (SAA)

The school must complete and submit this form to the State Approving Agency (SAA) in Massachusetts to obtain approval of the institution and its programs for the training of veterans and other eligible students, to receive educational benefits from the U.S. Department of Veterans Affairs (VA). U.S. Code requires that educational programs and institutions be approved by the State Approving Agency prior to certification of enrollment of eligible students for benefits.

### SCHOOL DATA

1. Name of Institution \_\_\_\_\_
2. Institution Street Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Type of Institution (check appropriate box)  
 Public                       Private Non-Profit                       Private For-Profit
5. Name of Principal or Administrative Head\* \_\_\_\_\_

\*Note that the Principal or Administrative Head of the school is to be designated as the Certifying Official. Please complete VA Form 22-8794 Designation of Certifying Officials and return it with your application for approval.

6. Telephone Number (including area code) \_\_\_\_\_
7. FAX Number (including area code) \_\_\_\_\_
8. E-mail Address \_\_\_\_\_

I certify that the above-named high school is certified by the Massachusetts Department of Education and request approval for training eligible dependents of veterans. I understand that eligible dependents may receive educational benefits under the GI Bill after they have reached their 18<sup>th</sup> birthday. I hereby agree to notify the U.S. Department of Veterans Affairs, in writing and within 30 days of the last date of attendance, should an eligible student withdraw or cease to attend classes.

\_\_\_\_\_  
Name of Principal or Administrative Head

\_\_\_\_\_  
Signature of Principal or Administrative Head

\_\_\_\_\_  
Date of Signing