OMB Approved No. 2900-0171
Respondent Burden: 30 minutes

Department of Veterans Affairs — APPLICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE

1. NAME OF APPLICANT — A. FIRST NAME | B. M.I. | C. LAST NAME

2. NAME OF VETERAN *(If other than applicant)* — A. FIRST NAME | B. M.I. | C. LAST NAME

3. MAILING ADDRESS
A. NUMBER AND STREET OR RURAL ROUTE
B. APARTMENT OR BOX NUMBER
C. CITY OR POST OFFICE
D. STATE | E. ZIP CODE OR FOREIGN MAIL CODE

OR

4A. VA FILE NUMBER | 4B. PAYEE

4C. SOCIAL SECURITY NUMBER

5. SEX
☐ FEMALE
☐ MALE

6. DATE OF BIRTH
MONTH | DAY | YEAR

7. NAME OF YOUR COURSE OR CURRICULUM

8. CREDIT OR CLOCK HOUR LOAD

9. FINAL EDUCATIONAL, PROFESSIONAL, OR VOCATIONAL GOAL

10. UNIT SUBJECT OR SUBJECTS IN WHICH YOU REQUIRE INDIVIDUALIZED TUTORING

11. NAME, POSITION AND ADDRESS OF TUTOR

12. SCHEDULE AND CHARGES FOR TUTORIAL ASSISTANCE

A. MONTH AND YEAR	B. EXACT DATES OF SESSIONS	C. NUMBER OF HOURS OF INSTRUCTION THIS MONTH	D. CHARGE PER HOUR	E. TOTAL CHARGES THIS MONTH
		F. TOTAL PAYMENT DUE ▶		

13A. SIGNATURE OF APPLICANT *(Do NOT print)* | 13B. DATE SIGNED | 13C. E-MAIL ADDRESS OF APPLICANT

I CERTIFY THAT: (1) I gave the applicant individualized tutorial assistance as shown above; (2) the charges to the applicant shown above are correct; and (3) I am not a close relative (i.e., spouse, parent, child, brother, sister) of the applicant.

14A. SIGNATURE OF TUTOR *(Do NOT print)* | 14B. DATE SIGNED

I CERTIFY THAT: (1) The individualized tutorial assistance for the unit subject or subjects shown was required for the satisfactory pursuit of the student's approved program; (2) the tutor is qualified to conduct individualized tutorial assistance; and (3) the charges do not exceed the customary charges for other students who receive the same tutorial assistance.

15. NAME AND ADDRESS OF EDUCATIONAL INSTITUTION

16. INDICATE TYPE OF SCHOOL
☐ FOUR-YEAR COLLEGE ☐ TWO-YEAR COLLEGE ☐ OTHER THAN COLLEGE

17A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL | 17B. DATE SIGNED

Additional Certification required to receive tutorial assistance under the Post-9/11 GI Bill (chapter 33)
I CERTIFY THAT: (1) Tutorial assistance benefits are essential to correct a deficiency of this student in the course and; (2) that the course is required as part of, or is prerequisite or indispensable to the satisfactory pursuit of, an approved program of education.

18A. SIGNATURE OF PROFESSOR OR INSTRUCTOR | 18B. DATE SIGNED

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

FOR VA USE ONLY

APPROVAL DATE	SIGNATURE OF ADJUDICATOR	SIGNATURE OF FINANCE OFFICER *(or designee)*	DATE	STATION NUMBER

VA FORM JUL 2012 **22-1990t**

SUPERSEDES VA FORM 22-1990t, NOV 2010, WHICH WILL NOT BE USED.