OMB Control No. 2900-0074
Respondent Burden: 20 minutes

Department of Veterans Affairs

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT *(First, Middle, Last)*

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

1B. MAILING ADDRESS *(Complete street address, City, State, and 9-digit ZIP Code)*

1C. APPLICANT'S TELEPHONE NUMBER *(Including Area Code)*	
DAY	EVENING

1D. VA FILE NUMBER

1E. APPLICANT'S E-MAIL ADDRESS

1F. SOCIAL SECURITY OF APPLICANT *(For transferability cases, enter the veteran's social security number)*

PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE *(Only Select One)*

A. ☐ CHAPTER 33 *(Post-9/11 GI BILL)*
B. ☐ CHAPTER 30 *(Montgomery GI Bill - Active Duty)*
C. ☐ CHAPTER 32 *(Veterans Educational Assistance Program including section 903)*
D. ☐ CHAPTER 1606 *(Montgomery GI Bill-Selected Reserve)*
E. ☐ CHAPTER 1607 *(Reserve Educational Assistance Program)*
F. ☐ TRANSFER OF ENTITLEMENT PROGRAM

3. HOW WILL YOU TAKE TRAINING?

A. ☐ SCHOOL ATTENDANCE
B. ☐ CORRESPONDENCE
C. ☐ APPRENTICESHIP OR ON-THE-JOB TRAINING
D. ☐ COOPERATIVE TRAINING
E. ☐ TUITION ASSISTANCE TOP-UP *(Active Duty Only)*
F. ☐ FLIGHT TRAINING
G. ☐ LICENSING & CERTIFICATION TEST
H. ☐ NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT

4A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?

4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?

4C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF **NEW** SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND *(If applicable)*

4D. NAME AND COMPLETE ADDRESS OF **OLD** OR CURRENT SCHOOL OR TRAINING ESTABLISHMENT

4E. TELL US **WHEN** AND **WHY** YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY.

PART III - DIRECT DEPOSIT INFORMATION

5. DIRECT DEPOSIT INFORMATION *(Complete this item only if you wish to start direct deposit or your direct deposit information has changed.)* Please attach a voided personal check or provide the information in items A through D below. NOTE: Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (chapter 32) nor for section 903.

A. TYPE OF ACCOUNT
☐ CHECKING ☐ SAVINGS

B. NAME OF FINANCIAL INSTITUTION	C. 9 DIGIT ROUTING OR TRANSIT NUMBER	D. ACCOUNT NUMBER

PART IV - MISCELLANEOUS INFORMATION

6. INFORMATION ON DEPENDENTS ***(COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 (or had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.)***

QUESTIONS	YES (✓)	NO (✓)
A. ARE YOU CURRENTLY MARRIED?	☐	☐
B. DO YOU HAVE ANY CHILDREN WHO ARE :		
(1) UNDER AGE 18 OR	☐	☐
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR	☐	☐
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?	☐	☐
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?	☐	☐

7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for ***each period*** of active service. *(Don't report Active Duty for Training.)*

A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVING IN DURING ACTIVE DUTY	B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? *(If yes send in copies of your orders)*		D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?	E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). *(ATTACH COPIES OF ANY ORDERS)*
		YES (✓)	NO (✓)		
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		

NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)

8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? ***(Answer only if you are a Federal Government employee)***

☐ YES ☐ NO

9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." *(Answer only if you are on Active Duty)*

☐ YES ☐ NO

10. REMARKS

PART V - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

11A. SIGNATURE OF APPLICANT (DO NOT PRINT)	11B. DATE SIGNED
SIGN HERE IN INK ▶	