



**REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING**  
*For Veterans, Servicepersons, & Members of the Selected Reserve*

IMPORTANT: Please read the attached instructions before completing this form. Please type or use ink to complete the form. If you need more space, use the back of this form and write the item number next to your answer.

2. FIRST-MIDDLE-LAST NAME OF APPLICANT		3A. HOME TELEPHONE NO. <i>(Include Area Code)</i>	1. VA FILE NUMBER AND/OR SOCIAL SECURITY NUMBER
4. MAILING ADDRESS <i>(No. and address or rural route, city or P.O., State and ZIP Code)</i>		3B. WORK TELEPHONE NO. <i>(Include Area Code)</i>	
		5. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?  <input type="checkbox"/> YES <input type="checkbox"/> NO	

**YOUR PROGRAM**

6. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD? <i>(Highest degree or occupation)</i>	7. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING? <i>(Specific degree, major, certificate, diploma)</i>
8. HOW WILL YOU TAKE THIS TRAINING? <input type="checkbox"/> SCHOOL ATTENDANCE <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING <input type="checkbox"/> INDEPENDENT STUDY DISTANCE LEARNING/INTERNET <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> COOPERATIVE TRAINING <input type="checkbox"/> FLIGHT TRAINING	
9A. NAME AND ADDRESS OF YOUR <b>NEW</b> SCHOOL OR TRAINING ESTABLISHMENT <i>(Include city, State, and ZIP Code)</i>	9B. NAME AND ADDRESS OF YOUR <b>OLD</b> SCHOOL OR TRAINING ESTABLISHMENT <i>(Include city, State, and ZIP Code)</i>
10. TELL US <b>WHEN</b> AND <b>WHY</b> YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT.	

**CURRENT DEPENDENCY INFORMATION**

ANSWER ONLY IF YOU'RE RECEIVING CHAPTER 30 (MGIB) BENEFITS AND SERVED ON ACTIVE DUTY BEFORE JANUARY 2, 1978.

11A. ARE YOU CURRENTLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?
11B. SPOUSE'S NAME	13. DO YOU CLAIM ANY PARENTS AS DEPENDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO

**CURRENT ACTIVE DUTY INFORMATION**

14. ARE YOU NOW ON ACTIVE DUTY?  
 YES *(IF "YES," GIVE DATE ACTIVE DUTY BEGAN)* \_\_\_\_\_  NO *(IF "NO," GO TO ITEM 16A)*

15. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?  
 YES  NO **(BE SURE TO HAVE YOUR EDUCATION SERVICE OFFICER COMPLETE ITEM 17.)**

**CERTIFICATION AND SIGNATURE OF APPLICANT**

I HEREBY CERTIFY THAT all my statements on this form are true and complete to the best of my knowledge and belief.  
 PENALTY: Willful false statements as to a material fact in a claim for educational benefits is a punishable offense and may result in forfeiture of these and other benefits, and in criminal penalties.

16A. SIGNATURE OF APPLICANT <i>(Do Not Print)</i>	16B. DATE SIGNED
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**CERTIFICATION NEEDED FOR PERSONS ON ACTIVE DUTY**

*(THIS ITEM DOESN'T APPLY TO SELECTED RESERVISTS OR VETERANS NOT ON ACTIVE DUTY.)*

I CERTIFY THAT this individual is a member of the Armed Forces and has consulted with me regarding his or her education program.

17A. SIGNATURE, TITLE, AND BRANCH OF SERVICE OF EDUCATION SERVICE OFFICER	17B. DATE SIGNED
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