



**REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING  
SURVIVORS' AND DEPENDENTS' EDUCATION ASSISTANCE  
(Under Provisions of Chapter 35, Title 38, U.S.C.)**

**PART I - ALL APPLICANTS**

1. NAME OF APPLICANT <i>(First, Middle initial, Last)</i>		2A. VA FILE NUMBER	2B. SUFFIX LETTER
3. NAME OF VETERAN <i>(First, Middle initial, Last)</i>		4A. VETERAN'S SOCIAL SECURITY NO.	4B. APPLICANT'S SOCIAL SECURITY NUMBER
5. MAILING ADDRESS <i>(Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)</i>			6. IF YOU ARE OR HAVE EVER BEEN ON ACTIVE MILITARY DUTY, GIVE THE DATE (MONTH, DAY, YEAR) YOU BEGAN THIS ACTIVE DUTY
7. 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			

**PART II - SPOUSES AND SURVIVING SPOUSE ONLY**

8. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR AN ANNULMENT PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. IF YOU ARE THE SURVIVING SPOUSE, HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**PART III - YOUR PROGRAM**

10. WHAT EDUCATIONAL, PROFESSIONAL, OR VOCATIONAL GOAL ARE YOU WORKING TOWARD? <i>(Highest degree or occupation)</i>	11. WHAT IS THE NAME OF THE PROGRAM YOU'RE REQUESTING? <i>(SPECIFIC DEGREE, MAJOR, CERTIFICATE, DIPLOMA)</i>
12. 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 (SPOUSES AND SURVIVING SPOUSES ONLY) <input type="checkbox"/> COOPERATIVE TRAINING	
13A. NAME OF YOUR <b>NEW</b> SCHOOL OR TRAINING ESTABLISHMENT	13B. NAME OF YOUR <b>OLD</b> SCHOOL OR TRAINING ESTABLISHMENT
14. TELL US <b>WHEN</b> AND <b>WHY</b> YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT	

**CERTIFICATION AND SIGNATURE OF APPLICANT**

**I CERTIFY THAT:** all statements in my application are true and complete to the best of my knowledge and belief.  
**PENALTY:** Making willfully false statements as to a material fact in a claim for education benefits in a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

15A. SIGNATURE OF APPLICANT <i>(DO NOT PRINT)</i>	15B. DATE SIGNED
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**PRIVACY ACT INFORMATION:** No benefits may be paid unless a completed application has been received (38 U.S.C. 3471). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28. Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-GI-BILL-1 (1-888-442-4551) for mailing information on where to send your comments.

## INSTRUCTIONS AND INFORMATION

### WHEN SHOULD YOU USE THIS FORM?

You should use this form if:

- You're changing schools, **or**
- You're changing your educational, professional, or vocational goal, **or**
- You left your program due to unsatisfactory attendance, progress, or conduct; and you're now reentering the same program.

### INSTRUCTIONS FOR SPECIFIC ITEMS ON THE FORM

Most items on this form request information that you know. Here are a few things you should keep in mind when completing the following items:

ITEM 2	The number that appears on your VA benefit checks and all mail that we've sent you is your VA File Number. Usually, the veteran's Social Security number is your VA file number. Write this Social Security number in Item 2 unless you also have a VA file number that is different than the veteran's Social Security Number.
ITEM 4B	Show your Social Security Number. (This is a required entry.)
ITEM 10	Here are some examples of what we mean by "goals:" <ul style="list-style-type: none"> <li>• Educational goals: GED certificate, high school diploma, bachelor degree, master degree, Ph.D.</li> <li>• Professional goals: lawyer, physician, teacher, physical therapist, medical technologist, medical records librarian</li> <li>• Vocational goals: stenographer, machinist, electronic technician, X-ray technician, radio and TV service technician, automobile mechanic</li> </ul>
ITEM 13A	If you're changing schools or training establishments, show your new school or training establishment here.

**Where Should You Send This Form?** Find the state where you'll be attending school or job training. Mail your completed form to the post office box for that regional processing office.

<b>Eastern Region:</b> <b>VA Regional Office</b> <b>P. O. Box 4616</b> <b>Buffalo, NY 14240-4616</b>				<b>Central Region:</b> <b>VA Regional Office</b> <b>P. O. Box 66830</b> <b>St. Louis, MO 63166-6830</b>			
<b>Serving the following states:</b>				<b>Serving the following states:</b>			
CT	DE	DC	ME	CO	IA	IL	IN
MD	MA	NH	NJ	KS	KY	MI	MN
NY	OH	PA	RI	MO	MT	NE	ND
VT	VA	WV	Foreign Schools	SD	WI	WY	
<b>Western Region:</b> <b>VA Regional Office</b> <b>P. O. Box 8888</b> <b>Muskogee, OK 74402-8888</b>				<b>Southern Region:</b> <b>VA Regional Office</b> <b>P. O. Box 100022</b> <b>Decatur, GA 30031-7022</b>			
<b>Serving the following states:</b>				<b>Serving the following states:</b>			
AK	AZ	CA	HI	AL	AR	FL	GA
ID	NM	NV	OK	LA	MS	NC	PR
OR	Philippines	TX	UT	SC	TN	U.S. Virgin Islands	
WA							

### If You Need Help

If you need help in completing this form, or you want information about our work-study program call us toll free at 1-888-GI-BILL-1 (1-888-442-4551). If you're hearing impaired, call 1-800-829-4833. Please call 1-800-827-1000 if you want a VA counselor to help you in planning your program. You can also contact us through our home page on the Internet. Our national home page address is: "<http://www.gibill.va.gov>".