



Department of Veterans Affairs

OMB Approved No. 2900-0099  
Respondent Burden: 1/2 hour

### REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

Survivors' and Dependents' Educational Assistance

*(Under provisions of Chapter 35, Title 38, U.S.C.)*

1A. VA FILE NUMBER

1B. SUFFIX LETTER

2. ADDRESS OF VA OFFICE WHERE YOUR RECORDS ARE LOCATED *(If known)*

**PRIVACY ACT INFORMATION:** No benefits can be paid unless a completed application has been received (38 U.S.C. 1713). 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. 3901) 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, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register.

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 1/2 hour 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (70Y732), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0099), Washington, DC 20503. Do NOT send requests for benefits to these addressees.

**IMPORTANT:** Before completing this form, read the instructions carefully. Answer all questions fully. Type or print answers in ink. If an item does not apply, enter "NA" (Not Applicable) in the space. The law places certain restrictions on changes of programs. (See paragraph 2 of instructions)

3. FIRST NAME - MIDDLE NAME - LAST NAME OF APPLICANT

4. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN

5A. MAILING ADDRESS OF APPLICANT *(Number and street or rural route, city or P.O., State and ZIP Code)*

5B. HOME TELEPHONE NUMBER *(Include Area Code)*

5C. WORK TELEPHONE NUMBER *(Include Area Code)*

6A. ARE YOU NOW ON ACTIVE DUTY IN THE ARMED FORCES?  
 YES  NO *(If "YES," complete Item 6B)*

6B. DATE COMMENCED ACTIVE DUTY *(Month, day, year)*

7. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?  
 YES  NO

8. IF YOU ARE THE SURVIVING SPOUSE OF A VETERAN ON WHOSE ACCOUNT BENEFITS ARE CLAIMED, HAVE YOU REMARRIED SINCE HIS OR HER DEATH?  
 YES  NO

9A. ARE YOU AN EMPLOYEE OF THE U.S. GOVERNMENT?  
 YES  NO

9B. WILL YOU RECEIVE EDUCATIONAL ASSISTANCE BENEFITS OTHER THAN VA PAYMENTS, SOCIAL SECURITY OR RAILROAD RETIREMENT BENEFITS FROM THE GOVERNMENT FOR YOUR TRAINING?  
 YES  NO *(If "YES," give details, including the name of the assistance program)*

10. NAME AND ADDRESS OF LAST PLACE OF EDUCATION OR TRAINING UNDER THIS LAW

11. ACTUAL OR EXPECTED TERMINATION DATE OF TRAINING PERIOD IN ITEM 10  
*(Month, day, year)*

12. REASON FOR CHANGING COURSE OR PLACE OF TRAINING

#### PROGRAM OF EDUCATION OR TRAINING

13. If you want professional counseling to help you plan your Educational or Vocational Program, write "YES" in this box  and a counseling appointment will be arranged. You will be notified of the time and place.

14. IF YOU HAVE SELECTED YOUR PROGRAM, WHAT IS THE FINAL EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL YOU PLAN TO REACH THROUGH THE PROGRAM FOR WHICH YOU ARE APPLYING? *(Highest degree or occupation)*

15. DESCRIBE THE COMPLETE PROGRAM IN GENERAL TERMS *(List each diploma, degree or vocational course)*

16. EDUCATION OR TRAINING WILL BE BY

- SCHOOL ATTENDANCE
- APPRENTICESHIP OR ON-THE-JOB
- INDEPENDENT STUDY
- CORRESPONDENCE *(Spouse or surviving spouse only)*
- FARM COOPERATIVE

17. NAME AND ADDRESS OF SCHOOL WHERE YOU WISH TO TAKE YOUR PROGRAM *(If different from Item 10)*

18. ESTIMATED COST OF YOUR COMPLETE PROGRAM *(Tuition and fees)*

\$

19. REMARKS

I HEREBY CERTIFY THAT all statements herein are true and complete to the best of my knowledge and belief. If I have requested counseling, I authorize release of school and testing records to VA for use in counseling me and supervising my program of education and training.

20A. DATE SIGNED

20B. SIGNATURE OF APPLICANT *(Do not print)* *(Sign in ink)*

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