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 ▶	

INSTRUCTIONS & INFORMATION

When Should You Use This Form?

Use this form when:

- you're **changing schools,**
- you're **changing your educational, professional, vocational goal,**
- you **left your program due to unsatisfactory attendance, progress, or conduct;** and you're now **reentering the same program, or**
- you were **receiving** VA education benefits **as a veteran** and now wish to receive benefits while **on active military duty.**

INSTRUCTIONS FOR SPECIFIC ITEMS ON THE FORM

Most items on this form are self-explanatory. Here is additional information on certain items.

Item #4A: Here are some examples of what we mean by **"goals":**

- Educational goal: GED certificate, high school diploma, bachelor degree, master degree, Ph.D
- Professional goal: lawyer physician, teacher, physical therapist, medical technologist, medical records librarian
- Vocational goal: stenographer, machinist, electronic technician, X-ray technician, radio and TV service technician, automobile mechanic, practical nurse.

Items #6: Provide your dependents information **only** if you have military service **before** January 1, 1977 (or delayed entry before January 2, 1978).

Items #11A and 11B: Make sure you sign and date these items. If you are currently on active duty, have your Education Service Officer sign and date Items 12A and 12B.

If You Need Help

If you need help in completing this form, you can contact us through our home page on the Internet. Our website is: **www.gibill.va.gov**. Click on Ask a Question and Find Answers. Or you may 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.

TO FILE THIS FORM:

(A) If you have selected a school or training establishment,

Step1: Mail the completed form to the VA Regional Processing Office in the region of that school's or establishment's physical address: Determine the correct office from the list below.
Step 2: Notify the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.
Step 3: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for education assistance.

(B) If you have not selected a school or training establishment,

Step 1: Mail the completed form to the VA Regional Processing Office in the region of your home address. Determine the correct office from the list on on the next page.
Step 2: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

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

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.526 for routine uses (e.g. VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your continued eligibility to VA education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at http://www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.