



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

INTERNET VERSION AVAILABLE
You can submit this application over the Internet at the following site: www.gibill.va.gov

PART I - ALL APPLICANTS

1. NAME OF APPLICANT (<i>First, Middle Initial, Last</i>)		VA DATE STAMP (For VA Use Only)	
2. MAILING ADDRESS (<i>Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code</i>)			
3A. SOCIAL SECURITY NUMBER OF APPLICANT	3B. DATE OF BIRTH OF APPLICANT	3C. VA FILE NUMBER	3D. SUFFIX LETTER
4A. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4B. APPLICANT'S E-MAIL ADDRESS		
5A. RELATIONSHIP OF APPLICANT TO VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> ADOPTED CHILD <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> STEPCCHILD <input type="checkbox"/> CHILD	5B. APPLICANT'S TELEPHONE NUMBER (<i>Including Area Code</i>)		
		DAY	EVENING

PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY

6A. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (<i>First-Middle Initial-Last</i>)			
6B. SOCIAL SECURITY NUMBER		6C. VA FILE NUMBER (<i>If known</i>)	
7. DATE OF BIRTH	8. BRANCH OF SERVICE	9. SERVICE NUMBER (<i>If known</i>)	10. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.

PART III - SPECIAL INFORMATION CONCERNING APPLICANT

11. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS DIVORCE OR ANNULMENT PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12A. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "Yes," complete Item 12B</i>)	12B. DATE YOU REMARRIED

NOTE - COMPLETE ITEM 13 ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT

13A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? (<i>If you check "Yes," show the source of these funds in Item 13B</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO	13B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT
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PART IV - APPLICANT'S MILITARY SERVICE

14. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (<i>Including an initial period of active duty for training of 3 months or more OR subsequent periods of active duty for training of 6 months or more</i>) (<i>If "No," skip this part and continue to Part V</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO

15. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY (*Please complete Items 15A through 15D for each period of your active duty*)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

PART V - YOUR PROGRAM

16. HOW WILL YOU TAKE TRAINING ?

- A. SCHOOL ATTENDANCE
- B. CORRESPONDENCE COURSE - Spouse or Surviving Spouse Only
- C. APPRENTICESHIP OR ON-THE-JOB TRAINING
- D. FARM COOPERATIVE
- E. LICENSING OR CERTIFICATION TEST
- F. NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT

17A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?

17B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?

17C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF **NEW** SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND
(If applicable)

17D. NAME AND COMPLETE ADDRESS OF OLD OR CURRENT SCHOOL (OR TRAINING ESTABLISHMENT)

17E. TELL US **WHEN** AND **WHY** YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR TRAINING ESTABLISHMENT. IF NECESSARY, CONTINUE IN ITEM 18 "REMARKS" OR ON A SEPARATE SHEET.

18. REMARKS *(If more space is needed, use the reverse or attach a separate sheet of paper)*

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.

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.

19A. SIGNATURE OF APPLICANT *(DO NOT PRINT)*

19B. DATE SIGNED