



**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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## INSTRUCTIONS & INFORMATION

### When Should You Use This Form?

You should use this form if:

- you're changing schools, **or**
- you're changing your educational, professional, vocational goal, **or**
- 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 request information that you know. Here are a few things you should keep in mind when completing the following items:

- Item #1** The number that appears on your benefit checks and on all mail we've sent is your VA File number. Usually your Social Security number is your VA file number. Write your Social Security number in item #1. If you also have a VA File number that's different from your Social Security number, write it in the box as well.
- Item #6** Here are some examples of what we mean by "goals":
- Educational goal: GED certificate, high school diploma, bachelor degree, master degree, Ph.D
  - Profession 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
- Item #9A** If you're changing schools or training establishments, show your **new** school or training establishment here.
- Items #11, 12 & 13** If you're receiving Montgomery GI Bill benefits (also known as chapter 30 or MGIB) and you had military service before January 2, 1978, you may qualify for increased education benefits for having dependents. Complete a VA Form 686c if there's been a change in your dependents.
- Item #17** Your Education Service Officer must sign the form if you're on active duty. This doesn't apply if you're in the Selected Reserves, or if you're been discharged from service.

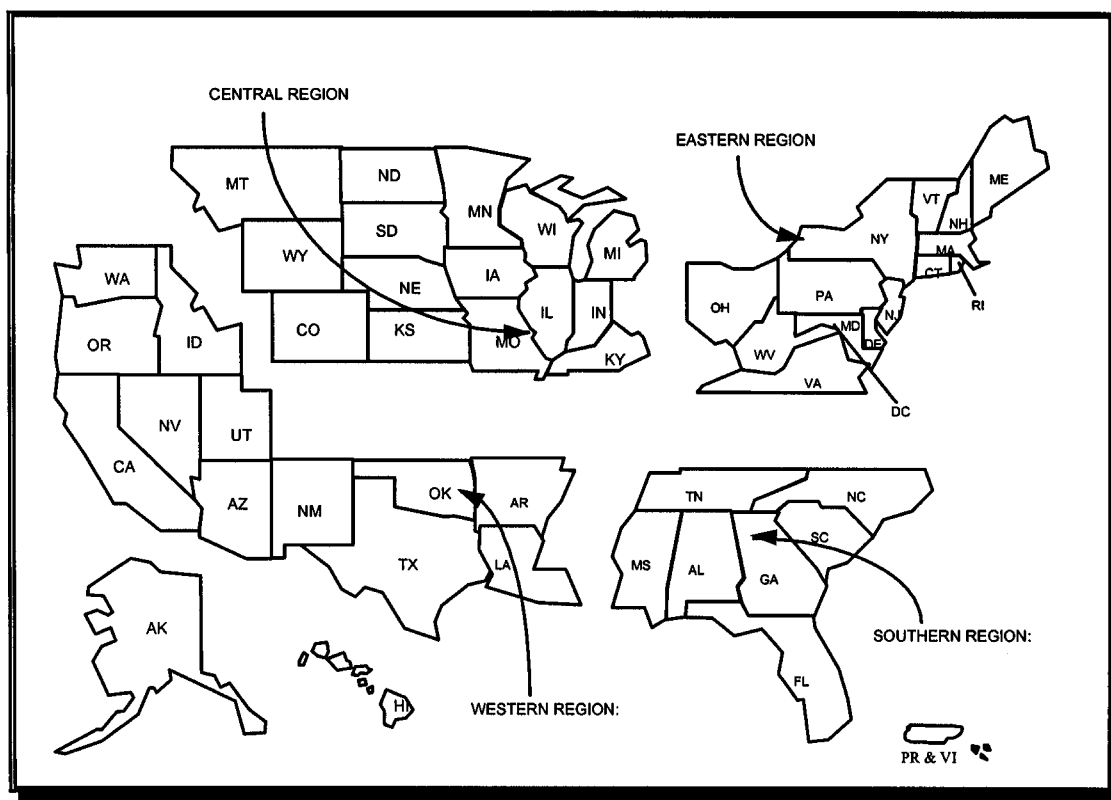
### If You Need Help

If you need help in completing this form, or if you want information about our work-study program or direct deposit, 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 World Wide Web (internet.) Our national home page address is:

<http://www.gibill.va.gov>

## Where Do You Send The Completed Form?

There are four regional education processing offices that handle education claims for the entire country, which we have divided into regions. The map below shows the states in each region. Find the state where you'll be attending school or job training. You should mail your completed form to the processing office for that region.



### **WESTERN REGION:**

VA Regional Office  
PO Box 8888  
Muskogee, OK 74402-8888

### **CENTRAL REGION:**

VA Regional Office  
PO Box 66830  
St. Louis, MO 63166-6830

### **EASTERN REGION:**

VA Regional Office  
PO Box 4616  
Buffalo, NY 14240-4616

### **SOUTHERN REGION:**

VA Regional Office  
PO Box 100022  
Decatur, GA 30031-7022

**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 12 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 1-888-442-4551 for mailing information on where to send your comments.

**PRIVACY ACT INFORMATION:** We'll use the information on this form to determine your continuing eligibility for educational benefits. We cannot take any action on your claim for benefits until we receive your completed form (38 U.S.C. 3471) Your responses are confidential (38 U. S. C. 5701). They may be given outside VA only if authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58 VA 21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The information you send may be verified through computer matching programs with other agencies.