



**REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING  
SURVIVORS' AND DEPENDENTS' EDUCATION 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](http://www.gibill.va.gov)

**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	
7A. THIS QUESTION IS FOR FEDERAL CIVILIAN EMPLOYEES OF THE UNITED STATES GOVERNMENT. IT IS NOT FOR ACTIVE DUTY PERSONS OR WORK-STUDY RECIPIENTS. IF YOU ARE A CIVILIAN EMPLOYEE OF THE FEDERAL GOVERNMENT, CHECK "YES" IN THIS ITEM. THEN COMPLETE ITEM 7B.  <input type="checkbox"/> YES <input type="checkbox"/> NO	
7B. <i>(ONLY COMPLETE THIS BLOCK IF YOU CHECKED "YES" IN ITEM 7A).</i> IF YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE, YOU MUST CHECK "YES." THEN DESCRIBE IN DETAIL THE SOURCE OF THESE FUNDS. PLACE THIS INFORMATION IN ITEM 15, REMARKS.  <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	
9A. IF YOU ARE THE SURVIVING SPOUSE, HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete 9B)</i>	9B. DATE THAT YOU REMARRIED <i>(Month, Year)</i>

**PART III - YOUR PROGRAM**

10. WHAT IS YOUR SPECIFIC EDUCATIONAL OR CAREER GOAL?	
11. HAVE YOU SELECTED THE SPECIFIC PROGRAM OF EDUCATION YOU PLAN TO TAKE? <i>(If "Yes", list each diploma and specific degree or vocational course you need to reach the final degree or occupation shown in Item 10. If "No", leave this Item blank.)</i>  <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. EDUCATION OR TRAINING WILL BE BY <i>(Check more than one if necessary)</i> <input type="checkbox"/> COLLEGE OR OTHER SCHOOL <input type="checkbox"/> CORRESPONDENCE <i>(Spouses and Surviving Spouses Only)</i> <input type="checkbox"/> COOPERATIVE TRAINING <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING <input type="checkbox"/> I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST	
13A. NAME AND ADDRESS <i>(City, State and ZIP Code)</i> OF YOUR <b>NEW</b> SCHOOL OR TRAINING ESTABLISHMENT	
13B. NAME AND ADDRESS <i>(City, State and ZIP Code)</i> OF YOUR <b>OLD</b> SCHOOL OR TRAINING ESTABLISHMENT	
14. TELL US <b>WHEN</b> AND <b>WHY</b> YOU STOPPED TRAINING AT YOUR <b>OLD</b> SCHOOL OR ESTABLISHMENT	
15. REMARKS <i>(If more space is needed, use the reverse or attach a separate sheet of paper)</i>	

**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.

16A. SIGNATURE OF APPLICANT <i>(DO NOT PRINT)</i>	16B. DATE SIGNED
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