



## REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

### PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT <i>(Last, First, Middle)</i>		<b>VA DATE STAMP</b> DO NOT WRITE IN THIS SPACE
1B. MAILING ADDRESS <i>(Complete street address, City, State, and 9-digit ZIP Code)</i>		
1C. APPLICANT'S TELEPHONE NUMBER <i>(Including Area Code)</i>	1D. VA FILE NUMBER	
HOME <i>(include area code)</i>	MOBILE <i>(include area code)</i>	1F. SOCIAL SECURITY OF APPLICANT <i>(For transferability cases, enter the veteran's social security number)</i>
1E. APPLICANT'S E-MAIL ADDRESS <i>(if applicable)</i>		

### PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE <i>(Only Select One)</i>	
<input type="checkbox"/> A. CHAPTER 33 <i>(Post-9/11 GI Bill)</i>	<input type="checkbox"/> B. CHAPTER 30 <i>(Montgomery GI Bill - Active Duty)</i>
<input type="checkbox"/> D. CHAPTER 1606 <i>(Montgomery GI Bill- Selected Reserves)</i>	<input type="checkbox"/> E. TRANSFER OF ENTITLEMENT PROGRAM
<input type="checkbox"/> C. CHAPTER 32 <i>(Veterans Educational Assistance Program including 903)</i>	
3. HOW WILL YOU TAKE TRAINING?	
<input type="checkbox"/> A. SCHOOL ATTENDANCE	<input type="checkbox"/> E. TUITION ASSISTANCE TOP-UP <i>(Active Duty Only)</i>
<input type="checkbox"/> B. CORRESPONDENCE	<input type="checkbox"/> F. FLIGHT TRAINING
<input type="checkbox"/> C. APPRENTICESHIP OR ON-THE-JOB TRAINING	<input type="checkbox"/> G. LICENSING & CERTIFICATION TEST
<input type="checkbox"/> D. COOPERATIVE TRAINING	<input type="checkbox"/> H. NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT
4A. WHAT EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?	4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?
4C. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF <b>NEW</b> SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND <i>(If applicable)</i>	4D. PROVIDE NAME AND COMPLETE ADDRESS OF PREVIOUS SCHOOL OR TRAINING ESTABLISHMENT <i>(If only changing schools, list current school.)</i>
4E. TELL US <b>WHEN</b> AND <b>WHY</b> YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY <i>(If applicable)</i>	

**PART III - DIRECT DEPOSIT INFORMATION**

5A. DIRECT DEPOSIT (To enroll in Direct Deposit, attach a voided personal check or deposit slip to match the information provided below. Direct Deposit is not available for Chapter 32 recipients.)

**NOTE:** To prevent possible delays in payment, claimants are highly encouraged to use Direct Deposit and set up an Electronic Fund Transfer (EFT.) Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (VEAP - Chapter 32) nor for Section 903.

5B.  START OR CHANGE EFT  STOP EFT

5C. 9 DIGIT ROUTING OR TRANSIT NUMBER      ACCOUNT TYPE:      ACCOUNT NUMBER:  
 CHECKING       SAVINGS

5D. NAME OF FINANCIAL INSTITUTION

**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
6A. ARE YOU CURRENTLY MARRIED?	<input type="checkbox"/>	<input type="checkbox"/>
6B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 18 OR	<input type="checkbox"/>	<input type="checkbox"/>
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR	<input type="checkbox"/>	<input type="checkbox"/>
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?	<input type="checkbox"/>	<input type="checkbox"/>
6C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?	<input type="checkbox"/>	<input type="checkbox"/>

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.)

7A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVED IN DURING ACTIVE DUTY	7B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	7C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If yes send in copies of your orders)	7D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?	7E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). (ATTACH COPIES OF ANY ORDERS)
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> 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 (MM/DD/YYYY)

**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,
- 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's degree, master's degree, Ph.D
- Professional goal: lawyer, physician, teacher, physical therapist, medical technologist, medical records librarian, stenographer, machinist, electronic technician, X-ray technician, radio and
- Vocational goal: TV service technician, automobile mechanic, practical nurse.

**Items #5A through #5D:** The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit (Direct Deposit is not available for Chapter 32 recipients). To enroll in direct deposit, provide the information requested in Items 5A through 5D **and** attach either a voided personal check **or** a deposit slip to match the information in Items 5A through 5D. If you **do not** have a bank account, please visit <https://www.benefits.va.gov/benefits.banking.asp>. This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

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

**Item #6A: IMPORTANT:** If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you become eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

### 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.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill). Click on the "Contact Us" tab and then the "Ask a Question" tab. Or you may call us toll free at 1-888-GI-BILL-1 (1-888-442-4551.) If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. 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,

**Step 1:** 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 on page 4.

**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 educational 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 page 4.

**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**

CO	CT	DC	DE	IA	IL	IN	KS	KY	MA
MD	ME	MI	MN	MO	MT	NC	ND	NE	NH
NJ	NY	OH	PA	RI	SD	TN	VA	VT	WI
WV	WY	APO/FPO AA			FOREIGN SCHOOLS		U.S. VIRGIN ISLANDS		

**Western Region:  
VA Regional Office  
P.O. Box 8888  
Muskogee, OK 74402-8888**

**SERVES THE FOLLOWING STATES**

AK	LA	AL	ID	AR	HI	AZ	GA	CA	FL
MS	WA	NM	UT	NV	TX	OK	SC	OR	PR
APO/FPO AP		GUAM		PHILIPPINES		AMERICAN SAMOA		MARIANA ISLANDS	

**REQUEST TO OPT OUT OF INFORMATION SHARING WITH EDUCATIONAL INSTITUTIONS:**

The Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115-48), also known as the "Forever GI Bill," requires the Department of Veterans Affairs (VA) to make available to educational institutions information about the amount of educational assistance to which a Veteran or other eligible individual is entitled. If you're eligible for the Post-9/11 GI Bill (Chapter 33), Montgomery GI Bill - Active Duty (Chapter 30), Montgomery GI Bill -Selected Reserve, (Chapter 1606), or the Survivors' and Dependents' Educational Assistance Program (DEA) (Chapter 35), you may elect to "opt-out" of these disclosures and have VA withhold this information instead. To request an opt-out, or for information about how to opt-out, please refer to our website at [va.gov](http://va.gov), or click <https://www.va.gov/find-forms/>, to complete the Request to Opt-Out of Information Sharing with Educational Institutions, VA Form 22-0993.

**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, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Services - VA, 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:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0074, and it expires September 30, 2027. Public reporting burden for this collection of information is estimated to average 20 minutes per respondent, per year, 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 and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at [VACOPaperworkReduAct@va.gov](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-0074 in any correspondence. Do not send your completed VA Form 22-1995 to this email address.