

# REQUEST FOR CHANGE OF VA EDUCATION PROGRAM OR PLACE OF TRAINING

<b>Please Circle Chapter Benefits</b> <b>30 33 35 1606 Reap</b>		<b>VA DATE STAMP</b> DO NOT WRITE IN THIS SPACE	
<b>APPLICANTS SOCIAL SECURITY NUMBER:</b>  		<b>Chapter 35 students ONLY-Veterans Social Security Number:</b>  	
<b>Chapter 35 student ONLY-Enter VA File Number:</b>  			
<b>Last, First, Middle Initial of Applicant</b>  		<b>Mailing Address:</b>  	
<b>City/State/Zip:</b>  		<b>E-MAIL ADDRESS:</b>  	
<b>Home Telephone:</b> (    )	<b>Alternate Telephone:</b> (    )		
<b>YOUR PROGRAM</b>			
<b>What Degree &amp; Major are you working towards?</b>  		<b>If you are currently working on a transfer program, name the school to which you plan to transfer:</b>  	
<b>Name and Address of your OLD school or Training Establishment</b>  		<b>Name and Address of your NEW School or Training Establishment</b>  	
<b>Tell us WHEN and WHY you stopped training at your prior school or establishment.</b>  			
<b>CERTIFICATION AND SIGNATURE OF APPLICANT</b>			
I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.			
<b>PENALTY – A Willful false statement as to a material fact in a claim for educational benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.</b>			
<b>Signature of Applicant</b>  			<b>Date Signed</b>  