



REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT (<i>First, Middle, Last</i>)		VA DATE STAMP 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					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">DAY</td> <td style="width: 50%; text-align: center;">EVENING</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	DAY	EVENING			1F. SOCIAL SECURITY OF APPLICANT (<i>For transferability cases, enter the veteran's social security number</i>)	
DAY	EVENING					
1E. APPLICANT'S E-MAIL ADDRESS						

PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE (*Only Select One*)

A. <input type="checkbox"/> CHAPTER 33 (<i>Post-9/11 GI BILL</i>)	C. <input type="checkbox"/> CHAPTER 32 (<i>Veterans Educational Assistance Program including section 903</i>)	E. <input type="checkbox"/> CHAPTER 1607 (<i>Reserve Educational Assistance Program</i>)
B. <input type="checkbox"/> CHAPTER 30 (<i>Montgomery GI Bill - Active Duty</i>)	D. <input type="checkbox"/> CHAPTER 1606 (<i>Montgomery GI Bill- Selected Reserve</i>)	F. <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM

3. HOW WILL YOU TAKE TRAINING?

A. <input checked="" type="checkbox"/> SCHOOL ATTENDANCE	D. <input type="checkbox"/> COOPERATIVE TRAINING	G. <input type="checkbox"/> LICENSING & CERTIFICATION TEST
B. <input type="checkbox"/> CORRESPONDENCE	E. <input type="checkbox"/> TUITION ASSISTANCE TOP-UP (<i>Active Duty Only</i>)	H. <input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT
C. <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING	F. <input type="checkbox"/> FLIGHT TRAINING	

4A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?	4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?
4C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF NEW SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND (<i>If applicable</i>) GEORGE C WALLACE COMMUNITY COLLEGE 1141 WALLACE DRIVE DOTHAN, AL 36303	4D. NAME AND COMPLETE ADDRESS OF OLD OR CURRENT SCHOOL OR TRAINING ESTABLISHMENT

4E. TELL US **WHEN** AND **WHY** YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY.

PART III - DIRECT DEPOSIT INFORMATION

5. **DIRECT DEPOSIT INFORMATION** (*Complete this item only if you wish to have direct deposit for your VA benefits. Direct deposit is not available for the Post-Vietnam Era Educational Assistance Program (Chapter 32) nor for section 903.*)

Please attach a voided personal check or provide the information in items A through D below. NOTE: Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (Chapter 32) nor for section 903.

A. TYPE OF ACCOUNT		
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
B. NAME OF FINANCIAL INSTITUTION	C. ACCOUNT ROUTING OR TRANSIT NUMBER	D. ACCOUNT NUMBER

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

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.)*

A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVING IN DURING ACTIVE DUTY	B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? <i>(If yes send in copies of your orders)</i>		D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?	E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). <i>(ATTACH COPIES OF ANY ORDERS)</i>
		YES (✓)	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)

SIGN HERE IN INK ▶

11B. DATE SIGNED