



CHANGE OF PLACE OF TRAINING FORM

Change of Place of Training
Chapters 30, 33, 1606, and 35 (Survivors and Dependents)

1. Name of Applicant: _____

2. Mailing Address: _____

3. Contact Number
(Cell): _____ (Home): _____

4. Student ID/CWID: _____

5. VA File Number: _____

6. Chapter 35 Applicants VA File Number: _____ Suffix Letter: _____

VA Education Program

(Select Only One):

- Chapter 30 (Montgomery GI Bill® - Active Duty)
- Chapter 33 (Post-9/11 GI Bill®)
- Chapter 1606 (Montgomery GI Bill® - Selected Reserve)
- Chapter 35 (Survivors and Dependents Assistance)

Educational Pursuit Information

Degree: _____

Major: _____

Name of previous school: _____

Signature of Applicant: _____ Date: _____

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