



VETERAN'S ASSISTANCE OFFICE
CHANGE OF PROGRAM / PLACE OF TRAINING
REQUEST FORM

ADMINISTRATIVE INFORMATION

NAME OF APPLICANT <i>(FIRST, MIDDLE INITIAL, LAST):</i>	
SOCIAL SECURITY NUMBER:	STUDENT ID NUMBER:

COMPLETE MAILING ADDRESS

STREET:	
CITY:	STATE:
ZIP CODE:	PHONE NUMBER:

EDUCATION BENEFIT *(ONLY SELECT ONE)*

- ☐ CHAPTER 30 (MONTGOMERY GI BILL / ACTIVE DUTY)
- ☐ CHAPTER 33 (POST 9/11 GI BILL)
- ☐ CHAPTER 35 (SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE)
- ☐ CHAPTER 1606 (MONTGOMERY GI BILL - SELECTED RESERVE)
- ☐ CHAPTER 1607 (RESERVE EDUCATIONAL ASSISTANCE PROGRAM)

FORM OF TRAINING

- ☐ SCHOOL ATTENDANCE ☐ TUITION ASSISTANCE TOP-UP (ACTIVE DUTY ONLY)

REQUEST FOR CHANGE OF PROGRAM

CURRENT EDUCATIONAL DEGREE / GOAL	REQUESTED EDUCATIONAL DEGREE / GOAL

REQUEST FOR CHANGE IN TRAINING ESTABLISHMENT

PREVIOUS TRAINING ESTABLISHMENT <i>(FULL ADDRESS)</i>	NEW TRAINING ESTABLISHMENT <i>(FULL ADDRESS)</i>
	SKAGIT VALLEY COLLEGE / MOUNT VERNON CAMPUS 2405 EAST COLLEGE WAY MOUNT VERNON, WA 98273

PROVIDE REASON FOR CHANGE REQUEST

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*A "**VETERANS EDUCATION PLAN**" IS REQUIRED FOR THE REQUESTED EDUCATIONAL GOAL. IT MUST HAVE ONE YEAR OF CLASSES LISTED AND SIGNED BY YOUR ADVISOR. THIS FORM MUST BE ATTACHED TO THE REQUEST BEFORE THE SVC VA OFFICE CAN CERTIFY COURSES IN THE NEW PROGRAM.

* I CERTIFY THAT ALL STATEMENTS IN MY APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT *(DO NOT PRINT)*

DATE SIGNED

