



**REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING  
SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE  
(Under Provisions of Chapter 35, Title 38, U.S.C.)**

INTERNET VERSION AVAILABLE  
You can submit this application over the Internet at the following site: [www.gibill.va.gov](http://www.gibill.va.gov)

**PART I - ALL APPLICANTS**

1. NAME OF APPLICANT <i>(First, Middle Initial, Last)</i>		<b>VA DATE STAMP</b> (For VA Use Only)	
2. MAILING ADDRESS <i>(Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)</i>			
3A. SOCIAL SECURITY NUMBER OF APPLICANT	3B. DATE OF BIRTH OF APPLICANT	3C. VA FILE NUMBER	3D. SUFFIX LETTER
4A. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4B. APPLICANT'S E-MAIL ADDRESS		
5A. RELATIONSHIP OF APPLICANT TO VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> ADOPTED CHILD <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> STEPCCHILD <input type="checkbox"/> CHILD	5B. APPLICANT'S TELEPHONE NUMBER <i>(Including Area Code)</i>		
		DAY	EVENING

**PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY**

6A. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED <i>(First-Middle Initial-Last)</i>			
6B. SOCIAL SECURITY NUMBER		6C. VA FILE NUMBER <i>(If known)</i>	
7. DATE OF BIRTH	8. BRANCH OF SERVICE	9. SERVICE NUMBER <i>(If known)</i>	10. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.

**PART III - SPECIAL INFORMATION CONCERNING APPLICANT**

11. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS DIVORCE OR ANNULMENT PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12A. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 12B)</i>	12B. DATE YOU REMARRIED
NOTE - COMPLETE ITEM 13 ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT	
13A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? <i>(If you check "Yes," show the source of these funds in Item 13B)</i>  <input type="checkbox"/> YES <input type="checkbox"/> NO	13B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT

**PART IV - APPLICANT'S MILITARY SERVICE**

14. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? <i>(Including an initial period of active duty for training of 3 months or more OR subsequent periods of active duty for training of 6 months or more) (If "No," skip this part and continue to Part V)</i>  <input type="checkbox"/> YES <input type="checkbox"/> NO			
15. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY <i>(Please complete Items 15A through 15D for each period of your active duty)</i>			
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

**PART V - YOUR PROGRAM**

16. HOW WILL YOU TAKE TRAINING ?

- |   |  |
|---|--|
| A. <input type="checkbox"/> SCHOOL ATTENDANCE                                       | D. <input type="checkbox"/> FARM COOPERATIVE                                       |
| B. <input type="checkbox"/> CORRESPONDENCE COURSE - Spouse or Surviving Spouse Only | E. <input type="checkbox"/> LICENSING OR CERTIFICATION TEST                        |
| C. <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING                   | F. <input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT |

17A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?

17B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?

17C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF **NEW** SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND  
*(If applicable)*

17D. NAME AND COMPLETE ADDRESS OF OLD OR CURRENT SCHOOL (OR TRAINING ESTABLISHMENT)

17E. TELL US **WHEN** AND **WHY** YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR TRAINING ESTABLISHMENT. IF NECESSARY, CONTINUE IN ITEM 18 "REMARKS" OR ON A SEPARATE SHEET.

18. REMARKS *(If more space is needed, use the reverse or attach a separate sheet of paper)*

**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.

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.

19A. SIGNATURE OF APPLICANT *(DO NOT PRINT)*

19B. DATE SIGNED

## **INFORMATION AND INSTRUCTIONS FOR COMPLETING THE REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE**

This form is available on the Internet. To submit your application electronically, go to [www.gibill.va.gov](http://www.gibill.va.gov) and click on "Education Benefits", then on "Apply For GI Bill Benefits On Line". Follow the instructions in VONAPP (Veterans On-Line Application). To complete a "PDF" version of this form, go to [www.gibill.va.gov](http://www.gibill.va.gov) and click on "Education Benefits", then "Education Forms", and scroll down to VA Form 22-5495 and click on Adobe PDF. (You must then print the completed PDF form. After completing and printing, see HOW TO FILE YOUR CLAIM at the end of these instructions.)

Tear off these instructions from the remainder of the form. Placing these instructions next to the application form can assist you as you complete each item.

If you submit your application electronically, VA will automatically transfer your application to the Regional Processing Office that will handle your claim.

If you submit your application on the paper version, see HOW TO FILE YOUR CLAIM at the end of these instructions.

### **INSTRUCTIONS FOR SPECIFIC ITEMS**

**NOTE: These numbers match the Item numbers on the application.**

**ITEM 3A.** Show your Social Security Number. (VA cannot process your application without this information.)

**ITEM 3C.** Your VA FILE NUMBER is the number that appears on your VA benefit checks and all mail that we've sent you. Usually, this VA FILE NUMBER is the veteran's Social Security Number; however, this FILE NUMBER can be an eight digit number.

**ITEM 3D.** Your SUFFIX LETTER indicates your relationship to the veteran. The spouse or surviving spouse automatically gets the suffix of "W". Each child automatically gets a suffix with a different letter. (The first child that applies for VA education benefits automatically receives the "A" suffix. The second child that applies automatically receives the "B" suffix, and so forth.)

**ITEM 6C.** VA may have assigned the veteran or individual an eight-digit file number. If you know this number, write it in the space provided.

**ITEM 11 and 12.** Eligibility will terminate in the event a spouse is divorced from the veteran or in the event a surviving spouse is remarried, unless the remarriage is both after the surviving spouse's 57th birthday and on or after January 1, 2004.

**Note:** A surviving spouse who terminates a remarriage may re-establish eligibility, but will not qualify for an extension of the ten-year or twenty-year eligibility period.

**ITEM 15.** Benefits under this program are not payable while you are serving on active duty in the Armed Forces.

**ITEM 16.** Self explanatory, except for the following items:

Check the "Licensing or Certification Test" block if you want reimbursement for a licensing or certification test. (A licensing test is a test offered by a state, local, or federal agency which is required by law to practice an occupation. A certification test is a test designed to provide an affirmation of an individual's qualification in a specific occupation.)

The best way to claim this licensing or certification benefit is for you to send VA a copy of your test results with a note or a VA Form 21-4138, Statement in Support of Claim, stating that you are requesting reimbursement.

Include the following:

1. The name of the licensing or certification test you took
2. The name and address of the organization issuing the license or certificate (not necessarily the organization that administered the test)
3. The date you took the test
4. The cost of the test
5. The following signed statement: "I authorize release of my test information to VA."

**Continuation of ITEM16.**

Check the "National admission exams or national exams for credit" block if you want VA to reimburse you for the fee you paid for taking one or more national tests.

National tests for admission to institutions of higher learning include the following: the ACT, the Dental Admissions Test, the Graduate Record Exam, the Graduate Management Admissions Test, the Law School Admission Test, the Medical College Admissions Test, the Miller Analogies Test, the Optometry Admissions Test, the Pharmacy College Admissions Test, the Scholastic Aptitude Test, and the Test of English as a Foreign Language.

National tests providing an opportunity for course credit at institutions of higher learning include the following: the Advanced Placement exam, the College-Level Examination Program, and the DANTES Subject Standardized Tests.

Include the following:

1. The name of the test you took.
2. The name and address of the organization offering the test.
3. The date you took the test.
4. The cost of taking the test.
5. The following signed statement: "I request reimbursement for the cost of a national test."

**ITEM 17A.** If you have decided on your educational, professional or vocational goal, list your final objective (for example, Masters Degree, Certified Public Accountant, Computer Technician).

**ITEM 17C.** If you have selected your new school or training establishment, state the complete name and mailing address of this facility.

**ITEM 18.** Use this space to provide information which does not fit elsewhere on this form or which you think will help VA process your claim. Refer to other item numbers on this form to help us match your answers to the correct question. Attach additional sheets of paper if necessary.

**HOW TO FILE YOUR CLAIM**

**If you have already completed this application and submitted it using the Internet, do the following:**

If you have selected a school or training establishment,

- Send VA your signature to finalize your Internet submission,
- Notify the veteran's certifying official at your school or training establishment that you have applied for VA education benefits, **and**
- Ask the veteran's certifying official to certify your school attendance.

**If you have not selected a school or training establishment,**

- Send VA your signature to finalize your Internet submission, **and**
- Wait for VA to process your application and notify you of the decision concerning your eligibility for education assistance.

**If you have not already submitted this application using the Internet, do the following:**

- Mail your completed application to the Regional Processing Office in the region of your home address using the chart below.
- Later, after you have selected a school or training establishment, notify the veteran's certifying official that you have applied for VA education benefits, **and**
- Ask the veteran's certifying official to certify your school attendance.

**MORE HELP** - If you need more help completing this application or you want information about our work-study program, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551). If you are hearing impaired, call us toll-free at 1-800-829-4833. You can also get education assistance after normal business hours at our education Internet site [www.gibill.va.gov](http://www.gibill.va.gov).

<b>Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616</b>				<b>Central Region: VA Regional Office P. O. Box 66830 St. Louis, MO 63166-6830</b>			
SERVES THE FOLLOWING STATES				SERVES THE FOLLOWING STATES			
CT	DE	DC	ME	CO	IA	IL	IN
MD	MA	NH	NJ	KS	KY	MI	MN
NY	OH	PA	RI	MO	MT	NE	ND
VT	VA	WV	Foreign Schools	SD	TN	WI	WY
<b>Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888</b>				<b>Southern Region: VA Regional Office P. O. Box 100022 Decatur, GA 30031-7022</b>			
SERVES THE FOLLOWING STATES				SERVES THE FOLLOWING STATES			
AK	AR	AZ	CA	AL	FL	GA	MS
HI	ID	LA	NM	NC	PR	SC	US Virgin Islands
NV	OK	OR	Philippines				
TX	UT	WA					

**PRIVACY ACT NOTICE:** 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 1.526 for routine uses as identified in VA's system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. An example of routine use allows VA to send 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 VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. 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. Payment of education benefits cannot be made unless the information is furnished as required by existing law (38 U.S.C. 3513). The responses you submit are considered confidential (38 U.S.C. 5701). Information is submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for education benefits (38 U.S.C. 3513). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV\\_VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV_VA.EPA.html#VA). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this information collection.