



**REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING  
 SURVIVORS' AND DEPENDENTS' EDUCATION 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>	
2A. VA FILE NUMBER	2B. SUFFIX LETTER
3. NAME OF VETERAN <i>(First, Middle initial, Last)</i>	
4A. VETERAN'S SOCIAL SECURITY NO.	4B. APPLICANT'S SOCIAL SECURITY NUMBER
5. MAILING ADDRESS <i>(Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)</i>	
6. IF YOU ARE OR HAVE EVER BEEN ON ACTIVE MILITARY DUTY, GIVE THE DATE (MONTH, DAY, YEAR) YOU BEGAN THIS ACTIVE DUTY	
7A. THIS QUESTION IS FOR FEDERAL CIVILIAN EMPLOYEES OF THE UNITED STATES GOVERNMENT. IT IS NOT FOR ACTIVE DUTY PERSONS OR WORK-STUDY RECIPIENTS. IF YOU ARE A CIVILIAN EMPLOYEE OF THE FEDERAL GOVERNMENT, CHECK "YES" IN THIS ITEM. THEN COMPLETE ITEM 7B.  <input type="checkbox"/> YES <input type="checkbox"/> NO	
7B. <i>(ONLY COMPLETE THIS BLOCK IF YOU CHECKED "YES" IN ITEM 7A).</i> IF YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE, YOU MUST CHECK "YES." THEN DESCRIBE IN DETAIL THE SOURCE OF THESE FUNDS. PLACE THIS INFORMATION IN ITEM 15, REMARKS.  <input type="checkbox"/> YES <input type="checkbox"/> NO	

**PART II - SPOUSES AND SURVIVING SPOUSE ONLY**

8. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR AN ANNULMENT PENDING?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
9A. IF YOU ARE THE SURVIVING SPOUSE, HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete 9B)</i>	9B. DATE THAT YOU REMARRIED <i>(Month, Year)</i>

**PART III - YOUR PROGRAM**

10. WHAT IS YOUR SPECIFIC EDUCATIONAL OR CAREER GOAL?	
11. HAVE YOU SELECTED THE SPECIFIC PROGRAM OF EDUCATION YOU PLAN TO TAKE? <i>(If "Yes", list each diploma and specific degree or vocational course you need to reach the final degree or occupation shown in Item 10. If "No", leave this Item blank.)</i>  <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. EDUCATION OR TRAINING WILL BE BY <i>(Check more than one if necessary)</i> <input type="checkbox"/> COLLEGE OR OTHER SCHOOL <input type="checkbox"/> CORRESPONDENCE <i>(Spouses and Surviving Spouses Only)</i> <input type="checkbox"/> COOPERATIVE TRAINING <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING <input type="checkbox"/> I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST	
13A. NAME AND ADDRESS <i>(City, State and ZIP Code)</i> OF YOUR <b>NEW</b> SCHOOL OR TRAINING ESTABLISHMENT	
13B. NAME AND ADDRESS <i>(City, State and ZIP Code)</i> OF YOUR <b>OLD</b> SCHOOL OR TRAINING ESTABLISHMENT	
14. TELL US <b>WHEN</b> AND <b>WHY</b> YOU STOPPED TRAINING AT YOUR <b>OLD</b> SCHOOL OR ESTABLISHMENT	
15. REMARKS <i>(If more space is needed, use the reverse or attach a separate sheet of paper)</i>	

**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.

16A. SIGNATURE OF APPLICANT <i>(DO NOT PRINT)</i>	16B. DATE SIGNED
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**INFORMATION AND INSTRUCTIONS  
FOR COMPLETING THE REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING  
SURVIVORS' AND DEPENDENTS' EDUCATION ASSISTANCE**

**HOW TO USE THESE INSTRUCTIONS AND APPLY FOR BENEFITS**

This form is available on the Internet. You may file your application electronically by going to " www.gibill.va.gov".

To submit your application electronically, click on the "electronic application form" and follow the instructions for VA Form 22-5495.

To complete a "PDF" version of this form, click on the "education forms", and scroll down to VA Form 22-5495.

(You must then print the completed PDF form. After completing and printing, see HOW TO FILE YOUR CLAIM on the reverse.)

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 handles your claim.

If you submit your application on the paper version, see HOW TO FILE YOUR CLAIM on the reverse.

**SPECIFIC INSTRUCTIONS**

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

**ITEM 2A.** 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 2B.** 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 4B.** Show your Social Security Number. (VA cannot process your application without this information.)

**ITEMS 9A & 9B.** Current law allows surviving spouses who either remarry after their 57th birthday or marry on or after January 1, 2004 to retain their chapter 35 eligibility. If you have remarried since the death of the veteran and give the date of your remarriage, VA will determine whether or not you remain eligible for chapter 35 benefits.

**ITEM 10.** 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 12.** Self explanatory, except for the following item: Check the "I seek reimbursement for a licensing or certification test" block if you want to apply for 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.)

**ITEM 13A.** If you have selected your school or training establishment, state the complete name and mailing address of this facility.

**ITEM 15.** 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. You can use the reverse or attach additional sheets if necessary.

**SEE REVERSE**

## GENERAL INSTRUCTIONS

**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).

### 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.
- 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.

<b>Eastern Region:</b> <b>VA Regional Processing Office</b> <b>P. O. Box 4616</b> <b>Buffalo, NY 14240-4616</b>				<b>Central Region:</b> <b>VA Regional Processing Office</b> <b>P. O. Box 66830</b> <b>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	WI	WY	

  

<b>Western Region:</b> <b>VA Regional Processing Office</b> <b>P. O. Box 8888</b> <b>Muskogee, OK 74402-8888</b>				<b>Southern Region:</b> <b>VA Regional Processing Office</b> <b>P. O. Box 100022</b> <b>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	TN
NV	OK	OR	Philippines	US Virgin Islands			
TX	UT	WA					

**IMPORTANT NOTICE ABOUT INFORMATION COLLECTION** - 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 15 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.

**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 5, 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 a 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. Giving us your SSN account information is voluntary, but your failure to give us your SSN could impede our processing of your claim. Refusal to provide your SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975 and still in effect. 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). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.