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STRAYER UNIVERSITY

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VA Form 22-1995

MAY 2002

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

FOR VETERANS, SERVICEPERSONS & MEMBERS OF THE SELECTED RESERVE

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APPLICANT INFORMATION

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1. VA FILE NUMBER:

2. SOCIAL SECURITY NUMBER: 222-33-4444

3. FIRST-MIDDLE-LAST NAME OF APPLICANT: Abcd E Fghijk

4a. HOME (Evening) TELEPHONE NO.:(206) 555-5555

4b. WORK (Daytime) PHONE NO.:(904) 666-6666

5. MAILING ADDRESS:

117 SHADY LANE

SEATTLE, WA 98383-9999

6. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO

RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT

FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?: No

7a. ROUTING OR TRANSIT NUMBER: 256074974

7b. ACCOUNT TYPE: Savings

7c. ACCOUNT Number: 12345678910

YOUR PROGRAM

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8. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING

TOWARD?: MASTERS DEGREE

9. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?: JACK WELCH MASTERS IN

BUSINESS ADMINISTRATION

10. HOW WILL YOU TAKE THIS TRAINING?: School Attendance

11a. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT:

STRAYER UNIVERSITY

2303 DULLES STATION BLVD

FL-5

HERNDON, VA 20171

11b. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT:

VILLANOVA UNIVERISTY

800 E LANCASTER AVE

VILLANOVA, PA 19805

12. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR

ESTABLISHMENT:

WHEN: 04/01/2016

WHY: Completed Training Program

CURRENT DEPENDENCY INFORMATION

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13. ARE YOU RECEIVING CHAPTER 30 BENEFITS (MGIB) AND DID YOU SERVED ON

ACTIVE DUTY BEFORE JANUARY 2, 1978?: No

14a. ARE YOU CURRENTLY MARRIED?:

14b. SPOUSE'S NAME:

15. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?:

16. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?:

CURRENT ACTIVE DUTY INFORMATION

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17a. ARE YOU NOW ON ACTIVE DUTY?: No

18. GIVE DATE ACTIVE DUTY BEGAN:

19. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR

PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?:

Certification and Signature of Applicant

Signature of Applicant Date Signed

Certification Needed for Persons on Active Duty

Signature/Title/Branch of Education Service Officer Date Signed

Electronically Received by VA: 02/09/2017

Confirmation #: 1279095

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NEW YORK CITY DEPARTMENT OF CORRECTION

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VA Form 22-1995

MAY 2002

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

FOR VETERANS, SERVICEPERSONS & MEMBERS OF THE SELECTED RESERVE

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APPLICANT INFORMATION

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1. VA FILE NUMBER:

2. SOCIAL SECURITY NUMBER: 555-77-6666

3. FIRST-MIDDLE-LAST NAME OF APPLICANT: Bcde Fghijkl

4a. HOME (Evening) TELEPHONE NO.:(347) 888-7777

4b. WORK (Daytime) PHONE NO.:(347) 888-7777

5. MAILING ADDRESS:

401 W NY PKWY SOUTH APT 3

BRONX, NY 10468

6. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO

RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT

FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?: No

7a. ROUTING OR TRANSIT NUMBER: 021000089

7b. ACCOUNT TYPE: Checking

7c. ACCOUNT Number: 4444444444

YOUR PROGRAM

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8. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING

TOWARD?: BECOME A CORRECTION OFFICER

9. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?: new York department of

correction

10. HOW WILL YOU TAKE THIS TRAINING?: Apprenticeship or On-The-Job Training

11a. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT:

NEW YORK CITY DEPARTMENT OF CORRECTION

66-26 METROPOLITAN AVE

MIDDLE VILLAGE, NY 11379

11b. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT:

JOHN JAY COLLEGE

524 W 59STREET

NEW YORK, NY 10019

12. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR

ESTABLISHMENT:

WHEN: 12/19/2016

WHY: Withdrew - because i got an entry job as a correction officer

CURRENT DEPENDENCY INFORMATION

------------------------------

13. ARE YOU RECEIVING CHAPTER 30 BENEFITS (MGIB) AND DID YOU SERVED ON

ACTIVE DUTY BEFORE JANUARY 2, 1978?: No

14a. ARE YOU CURRENTLY MARRIED?:

14b. SPOUSE'S NAME:

15. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?:

16. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?:

CURRENT ACTIVE DUTY INFORMATION

-------------------------------

17a. ARE YOU NOW ON ACTIVE DUTY?: No

18. GIVE DATE ACTIVE DUTY BEGAN:

19. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR

PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?:

Certification and Signature of Applicant

Signature of Applicant Date Signed

Certification Needed for Persons on Active Duty

Signature/Title/Branch of Education Service Officer Date Signed

Electronically Received by VA: 02/09/2017

Confirmation #: 1283876

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VILLANOVA UNIVERSITY

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VA Form 22-1995

MAY 2002

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

FOR VETERANS, SERVICEPERSONS & MEMBERS OF THE SELECTED RESERVE

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APPLICANT INFORMATION

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1. VA FILE NUMBER:

2. SOCIAL SECURITY NUMBER: 222-55-4444

3. FIRST-MIDDLE-LAST NAME OF APPLICANT: Ms Rstuv Wxyz

4a. HOME (Evening) TELEPHONE NO.:(757) 333-5555

4b. WORK (Daytime) PHONE NO.:(757) 333-1111

5. MAILING ADDRESS:

220 STONE TRACE DR

NEWPORT NEWS, VA 23602

6. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO

RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT

FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?: No

7a. ROUTING OR TRANSIT NUMBER: 261171587

7b. ACCOUNT TYPE: Checking

7c. ACCOUNT Number: 10000000000

YOUR PROGRAM

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8. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING

TOWARD?: Non-College Degree Certificate

9. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?: Master Certificate in

Agile Management

10. HOW WILL YOU TAKE THIS TRAINING?: Independent Study/Distance

Learning/Internet

11a. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT:

VILLANOVA UNIVERSITY

800 LANCASTER AVE

VILLANOVA, PA 19085

11b. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT:

VILLANOVA UNIVERSITY

800 LANCASTER AVE

PHILADELPHIA, PA 19085

12. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR

ESTABLISHMENT:

WHEN: 05/26/2016

WHY: Completed Training Program

CURRENT DEPENDENCY INFORMATION

------------------------------

13. ARE YOU RECEIVING CHAPTER 30 BENEFITS (MGIB) AND DID YOU SERVED ON

ACTIVE DUTY BEFORE JANUARY 2, 1978?: No

14a. ARE YOU CURRENTLY MARRIED?:

14b. SPOUSE'S NAME:

15. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?:

16. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?:

CURRENT ACTIVE DUTY INFORMATION

-------------------------------

17a. ARE YOU NOW ON ACTIVE DUTY?:No

18. GIVE DATE ACTIVE DUTY BEGAN:

19. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR

PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?:

Certification and Signature of Applicant

Signature of Applicant Date Signed

Certification Needed for Persons on Active Duty

Signature/Title/Branch of Education Service Officer Date Signed

Electronically Received by VA: 02/09/2017

Confirmation #: 1283895

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SOUTHERN NEW HAMPSHIRE UNIVERSITY

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VA Form 22-1995

MAY 2002

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

FOR VETERANS, SERVICEPERSONS & MEMBERS OF THE SELECTED RESERVE

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APPLICANT INFORMATION

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1. VA FILE NUMBER:

2. SOCIAL SECURITY NUMBER: 333-77-2222

3. FIRST-MIDDLE-LAST NAME OF APPLICANT: Cdefgh I Jklmonp

4a. HOME (Evening) TELEPHONE NO.:(918) 222-5555

4b. WORK (Daytime) PHONE NO.:(918) 222-5555

5. MAILING ADDRESS:

516 GRAND AVE

DELAWARE, OH 43015-3335

6. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO

RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT

FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?: No

7a. ROUTING OR TRANSIT NUMBER: 256074974

7b. ACCOUNT TYPE: Checking

7c. ACCOUNT Number: 777777777777

YOUR PROGRAM

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8. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING

TOWARD?: MASTER'S DEGREE

9. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?: Master of Arts in

American History

10. HOW WILL YOU TAKE THIS TRAINING?: School Attendance

11a. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT:

SOUTHERN NEW HAMPSHIRE UNIVERSITY

2500 NORTH RIVER ROAD

MANCHESTER, NH 03106

11b. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT:

EXCELSIOR COLLEGE

7 COLUMBIA CIRCLE

ALBANY, NY 12203

12. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR

ESTABLISHMENT:

WHEN: 01/20/2017

WHY: Graduated

CURRENT DEPENDENCY INFORMATION

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13. ARE YOU RECEIVING CHAPTER 30 BENEFITS (MGIB) AND DID YOU SERVED ON

ACTIVE DUTY BEFORE JANUARY 2, 1978?: No

14a. ARE YOU CURRENTLY MARRIED?:

14b. SPOUSE'S NAME:

15. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?:

16. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?:

CURRENT ACTIVE DUTY INFORMATION

-------------------------------

17a. ARE YOU NOW ON ACTIVE DUTY?:No

18. GIVE DATE ACTIVE DUTY BEGAN:

19. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR

PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?:

Certification and Signature of Applicant

Signature of Applicant Date Signed

Certification Needed for Persons on Active Duty

Signature/Title/Branch of Education Service Officer Date Signed

Electronically Received by VA: 02/09/2017

Confirmation #: 1283946

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NORTHERN VIRGINIA COMMUNITY COLLEGE

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VA Form 22-1995

MAY 2002

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

FOR VETERANS, SERVICEPERSONS & MEMBERS OF THE SELECTED RESERVE

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APPLICANT INFORMATION

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1. VA FILE NUMBER:

2. SOCIAL SECURITY NUMBER: 444-77-7777

3. FIRST-MIDDLE-LAST NAME OF APPLICANT: Mr Stuv W Xyz

4a. HOME (Evening) TELEPHONE NO.:

4b. WORK (Daytime) PHONE NO.:(870) 999-9999

5. MAILING ADDRESS:

1611 JOHNSON DR

WOODBRIDGE, VA 22191

6. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO

RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT

FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?:No

7a. ROUTING OR TRANSIT NUMBER: 051000017

7b. ACCOUNT TYPE: Checking

7c. ACCOUNT Number: 444444444444444

YOUR PROGRAM

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8. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING

TOWARD?: Bachelors

9. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?: Nursing

10. HOW WILL YOU TAKE THIS TRAINING?: School Attendance, Independent

Study/Distance Learning/Internet

11a. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT:

NORTHERN VIRGINIA COMMUNITY COLLEGE

2645 COLLEGE DRIVE

WOODBRIDGE, VA 22191

11b. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT:

GEORGE MASON UNIVERSITY

4400 UNIVERSITY DRIVE

FAIR AD, VA 22030

12. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR

ESTABLISHMENT:

WHEN: 08/20/2016

WHY: Other - Never started

CURRENT DEPENDENCY INFORMATION

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13. ARE YOU RECEIVING CHAPTER 30 BENEFITS (MGIB) AND DID YOU SERVED ON

ACTIVE DUTY BEFORE JANUARY 2, 1978?: No

14a. ARE YOU CURRENTLY MARRIED?:

14b. SPOUSE'S NAME:

15. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?:

16. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?:

CURRENT ACTIVE DUTY INFORMATION

-------------------------------

17a. ARE YOU NOW ON ACTIVE DUTY?:No

18. GIVE DATE ACTIVE DUTY BEGAN:

19. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR

PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?:

Certification and Signature of Applicant

Signature of Applicant Date Signed

Certification Needed for Persons on Active Duty

Signature/Title/Branch of Education Service Officer Date Signed

Electronically Received by VA: 02/09/2017

Confirmation #: 1283947

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NAVSUP WEAPON SYSTEMS SUPPORT

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VA Form 22-1995

MAY 2002

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

FOR VETERANS, SERVICEPERSONS & MEMBERS OF THE SELECTED RESERVE

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APPLICANT INFORMATION

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1. VA FILE NUMBER:

2. SOCIAL SECURITY NUMBER: 885-66-1111

3. FIRST-MIDDLE-LAST NAME OF APPLICANT: Mr Mnop Q Rstuv

4a. HOME (Evening) TELEPHONE NO.:(215) 888-5555

4b. WORK (Daytime) PHONE NO.:(717) 666-7777

5. MAILING ADDRESS:

1122 SOUTH SIDE DR

FRANKLINTOWN, PA 17323

6. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO

RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT

FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?: No

7a. ROUTING OR TRANSIT NUMBER: 231382241

7b. ACCOUNT TYPE: Checking

7c. ACCOUNT Number: 22222222221

YOUR PROGRAM

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8. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING

TOWARD?: ON-THE-JOB TRAINING WITH FEDERAL GOVERNMENT

9. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?: General Supply

Specialist

10. HOW WILL YOU TAKE THIS TRAINING?: Apprenticeship or On-The-Job Training

11a. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT:

NAVSUP WEAPON SYSTEMS SUPPORT

5450 CARLISLE PIKE P.O. BOX 2020

MECHANICSBURG, PA 17055-0788

11b. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT:

AMERICAN MILITARY UNIVERSITY

111 W CONGRESS ST

CHARLES TOWN, WV 25414

12. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR

ESTABLISHMENT:

WHEN: 12/31/2016

WHY: Graduated

CURRENT DEPENDENCY INFORMATION

------------------------------

13. ARE YOU RECEIVING CHAPTER 30 BENEFITS (MGIB) AND DID YOU SERVED ON

ACTIVE DUTY BEFORE JANUARY 2, 1978?: No

14a. ARE YOU CURRENTLY MARRIED?:

14b. SPOUSE'S NAME:

15. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?:

16. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?:

CURRENT ACTIVE DUTY INFORMATION

-------------------------------

17a. ARE YOU NOW ON ACTIVE DUTY?:No

18. GIVE DATE ACTIVE DUTY BEGAN:

19. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR

PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?:

Certification and Signature of Applicant

Signature of Applicant Date Signed

Certification Needed for Persons on Active Duty

Signature/Title/Branch of Education Service Officer Date Signed

Electronically Received by VA: 02/09/2017

Confirmation #: 1283951

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JOHN JAY SCHOOL OF CRIMINAL JUSTICE

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VA Form 22-1995

MAY 2002

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

FOR VETERANS, SERVICEPERSONS & MEMBERS OF THE SELECTED RESERVE

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APPLICANT INFORMATION

---------------------

1. VA FILE NUMBER:

2. SOCIAL SECURITY NUMBER: 888-79-9999

3. FIRST-MIDDLE-LAST NAME OF APPLICANT: Zabc Deafg

4a. HOME (Evening) TELEPHONE NO.:

4b. WORK (Daytime) PHONE NO.:(718) 888-5555

5. MAILING ADDRESS:

125 PARKSIDE APT 15

BROOKLYN, NY 11238

6. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO

RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT

FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?: No

7a. ROUTING OR TRANSIT NUMBER: 021000021

7b. ACCOUNT TYPE: Checking

7c. ACCOUNT Number: 00000077777777766

YOUR PROGRAM

------------

8. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING

TOWARD?: Bachelors

9. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?: bachelors of arts

10. HOW WILL YOU TAKE THIS TRAINING?: School Attendance

11a. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT:

JOHN JAY SCHOOL OF CRIMINAL JUSTICE

524 WEST 59TH ST

NEW YORK, NY 10019

11b. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT:

BROOKLYN COLLEGE

2900 BEDFORD AVE

BROOKLYN, NY 11210

12. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR

ESTABLISHMENT:

WHEN: 08/23/2016

WHY: Completed Term

CURRENT DEPENDENCY INFORMATION

------------------------------

13. ARE YOU RECEIVING CHAPTER 30 BENEFITS (MGIB) AND DID YOU SERVED ON

ACTIVE DUTY BEFORE JANUARY 2, 1978?: No

14a. ARE YOU CURRENTLY MARRIED?:

14b. SPOUSE'S NAME:

15. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?:

16. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?:

CURRENT ACTIVE DUTY INFORMATION

-------------------------------

17a. ARE YOU NOW ON ACTIVE DUTY?:No

18. GIVE DATE ACTIVE DUTY BEGAN:

19. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR

PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?:

Certification and Signature of Applicant

Signature of Applicant Date Signed

Certification Needed for Persons on Active Duty

Signature/Title/Branch of Education Service Officer Date Signed

Electronically Received by VA: 02/09/2017

Confirmation #: 1283954

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THE ART INSTITUTE OF WASHINGTON

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VA Form 22-1995

MAY 2002

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

FOR VETERANS, SERVICEPERSONS & MEMBERS OF THE SELECTED RESERVE

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APPLICANT INFORMATION

---------------------

1. VA FILE NUMBER:

2. SOCIAL SECURITY NUMBER: 999-60-0600

3. FIRST-MIDDLE-LAST NAME OF APPLICANT: Tuvw A Bcdef

4a. HOME (Evening) TELEPHONE NO.:(215) 444-1111

4b. WORK (Daytime) PHONE NO.:(267) 888-1111

5. MAILING ADDRESS:

28 N LIGHTHOUSE ROW

PHILADELPHIA, PA 19133

6. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO

RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT

FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?: No

7a. ROUTING OR TRANSIT NUMBER:

7b. ACCOUNT TYPE:

7c. ACCOUNT Number:

YOUR PROGRAM

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8. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING

TOWARD?: Bachelors

9. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?: Graphic Designer

10. HOW WILL YOU TAKE THIS TRAINING?: School Attendance

11a. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT:

THE ART INSTITUTE OF WASHINGTON

1820 NORTH FORT MYER DRIVE

ARLINGTON, VA 22209

11b. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT:

BRAMSON ORT COLLEGE

69-30 AUSTIN ST

FOREST HILLS, NY 11375

12. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR

ESTABLISHMENT:

WHEN: 01/30/2017

WHY: Other - Emotional Distress

CURRENT DEPENDENCY INFORMATION

------------------------------

13. ARE YOU RECEIVING CHAPTER 30 BENEFITS (MGIB) AND DID YOU SERVED ON

ACTIVE DUTY BEFORE JANUARY 2, 1978?: No

14a. ARE YOU CURRENTLY MARRIED?:

14b. SPOUSE'S NAME:

15. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?:

16. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?:

CURRENT ACTIVE DUTY INFORMATION

-------------------------------

17a. ARE YOU NOW ON ACTIVE DUTY?:No

18. GIVE DATE ACTIVE DUTY BEGAN:

19. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR

PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?:

Certification and Signature of Applicant

Signature of Applicant Date Signed

Certification Needed for Persons on Active Duty

Signature/Title/Branch of Education Service Officer Date Signed

Electronically Received by VA: 02/09/2017

Confirmation #: 1283955

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NORTHERN VIRGINIA COMMUNITY COLLEGE

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VA Form 22-1995

MAY 2002

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

FOR VETERANS, SERVICEPERSONS & MEMBERS OF THE SELECTED RESERVE

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APPLICANT INFORMATION

---------------------

1. VA FILE NUMBER:

2. SOCIAL SECURITY NUMBER: 333-31-1111

3. FIRST-MIDDLE-LAST NAME OF APPLICANT: Mr Abcde F Zabcd

4a. HOME (Evening) TELEPHONE NO.:(703) 666-9999

4b. WORK (Daytime) PHONE NO.:(703) 666-9999

5. MAILING ADDRESS:

255 CLOVER DRIVE

HERNDON, VA 20171

6. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO

RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT

FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?: No

7a. ROUTING OR TRANSIT NUMBER: 314074269

7b. ACCOUNT TYPE: Checking

7c. ACCOUNT Number: 144444444

YOUR PROGRAM

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8. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING

TOWARD?: Non-College Degree Certificate

9. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?: Java Programming

10. HOW WILL YOU TAKE THIS TRAINING?: School Attendance

11a. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT:

NORTHERN VIRGINIA COMMUNITY COLLEGE

4001 WAKEFIELD CHAPEL ROAD

BRAULT BUILDING, ROOM 305

ANNANDALE, VA 22003

11b. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT:

AMERICAN MILITARY UNIVERSITY

111 W CONGRESS ST, CHARLES TOWN, WV

CHARLES TOWN, WV 25414

12. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR

ESTABLISHMENT:

WHEN: 09/30/2015

WHY: Other - Military Deployment

CURRENT DEPENDENCY INFORMATION

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13. ARE YOU RECEIVING CHAPTER 30 BENEFITS (MGIB) AND DID YOU SERVED ON

ACTIVE DUTY BEFORE JANUARY 2, 1978?: No

14a. ARE YOU CURRENTLY MARRIED?:

14b. SPOUSE'S NAME:

15. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?:

16. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?:

CURRENT ACTIVE DUTY INFORMATION

-------------------------------

17a. ARE YOU NOW ON ACTIVE DUTY?:No

18. GIVE DATE ACTIVE DUTY BEGAN:

19. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR

PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?:

Certification and Signature of Applicant

Signature of Applicant Date Signed

Certification Needed for Persons on Active Duty

Signature/Title/Branch of Education Service Officer Date Signed

Electronically Received by VA: 02/09/2017

Confirmation #: 1283957

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V1995

UNIVERSITY OF PHOENIX

\*START\*

VA Form 22-1995

MAY 2002

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

FOR VETERANS, SERVICEPERSONS & MEMBERS OF THE SELECTED RESERVE

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APPLICANT INFORMATION

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1. VA FILE NUMBER:

2. SOCIAL SECURITY NUMBER: 222-11-4444

3. FIRST-MIDDLE-LAST NAME OF APPLICANT: rmnop s tuvwx

4a. HOME (Evening) TELEPHONE NO.:

4b. WORK (Daytime) PHONE NO.:(202) 888-1010

5. MAILING ADDRESS:

7777 TILLER DRIVE

SPRINGFIELD, VA 22152

6. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO

RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT

FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?: No

7a. ROUTING OR TRANSIT NUMBER:

7b. ACCOUNT TYPE:

7c. ACCOUNT Number:

YOUR PROGRAM

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8. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING

TOWARD?: Bachelors

9. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?: Business management

10. HOW WILL YOU TAKE THIS TRAINING?: School Attendance

11a. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT:

UNIVERSITY OF PHOENIX

ARLINGTON, VA 20230

11b. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT:

12. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR

ESTABLISHMENT:

WHEN: 05/14/2014

WHY: Other

CURRENT DEPENDENCY INFORMATION

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13. ARE YOU RECEIVING CHAPTER 30 BENEFITS (MGIB) AND DID YOU SERVED ON

ACTIVE DUTY BEFORE JANUARY 2, 1978?: No

14a. ARE YOU CURRENTLY MARRIED?:

14b. SPOUSE'S NAME:

15. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?:

16. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?:

CURRENT ACTIVE DUTY INFORMATION

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17a. ARE YOU NOW ON ACTIVE DUTY?: No

18. GIVE DATE ACTIVE DUTY BEGAN:

19. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR

PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?:

Certification and Signature of Applicant

Signature of Applicant Date Signed

Certification Needed for Persons on Active Duty

Signature/Title/Branch of Education Service Officer Date Signed

Electronically Received by VA: 02/09/2017

Confirmation #: 1283958

\*END\*