



REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

PART I - IDENTIFICATION AND PERSONAL INFORMATION

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| 1A. NAME OF APPLICANT (First, Middle, Last) David James Basaldua | | VA DATE STAMP DO NOT WRITE IN THIS SPACE | |
| 1B. MAILING ADDRESS (Complete street address, City, State, and 9-digit ZIP Code) 8033 W Heatherbrae Drive Phoenix Arizona 85033 | | | |
| 1C. APPLICANT'S TELEPHONE NUMBER (Including Area Code) | | 1D. VA FILE NUMBER | |
| DAY | EVENING | 609-01-0174 | |
| 5209071640 | 5209071640 | 1F. SOCIAL SECURITY OF APPLICANT (For transferability cases, enter the veteran's social security number) | |
| 1E. APPLICANT'S E-MAIL ADDRESS david.j.basaldua@gmail.com | | 609-01-0174 | |

PART II - YOUR PROGRAM INFORMATION

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| 2. EDUCATION BENEFIT YOU WANT TO RECEIVE (Only Select One) | | | |
| A. <input checked="" type="checkbox"/> CHAPTER 33 (Post-9/11 GI Bill) | | C. <input type="checkbox"/> CHAPTER 32 (Veterans Educational Assistance Program including section 903) | |
| B. <input type="checkbox"/> CHAPTER 30 (Montgomery GI Bill - Active Duty) | | D. <input type="checkbox"/> CHAPTER 1606 (Montgomery GI Bill - Selected Reserve) | |
| 3. HOW WILL YOU TAKE TRAINING? | | | |
| A. <input checked="" type="checkbox"/> SCHOOL ATTENDANCE | | D. <input type="checkbox"/> COOPERATIVE TRAINING | |
| B. <input type="checkbox"/> CORRESPONDENCE | | E. <input type="checkbox"/> TUITION ASSISTANCE TOP-UP (Active Duty Only) | |
| C. <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING | | F. <input type="checkbox"/> FLIGHT TRAINING | |
| 4A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD? Information Technology | | 4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING? BSIT | |
| 4C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF NEW SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND (If applicable) | | 4D. NAME AND COMPLETE ADDRESS OF OLD OR CURRENT SCHOOL OR TRAINING ESTABLISHMENT | |

4E. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY.
I will be transferring to a Phoenix campus because I am moving.

PART III - DIRECT DEPOSIT INFORMATION

5. DIRECT DEPOSIT INFORMATION (Complete this item only if you wish to start direct deposit or your direct deposit information has changed.)
Please attach a voided personal check or provide the information in Items A through D below. NOTE: Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (chapter 32) nor for section 903.

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|---|--|--------------------------------------|-------------------|
| A. TYPE OF ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | | | |
| B. NAME OF FINANCIAL INSTITUTION | | C. 9 DIGIT ROUTING OR TRANSIT NUMBER | D. ACCOUNT NUMBER |
| USAA | | 314074269 | 41820762 |