

Republic of the Philippines
 Department of National Defense
PHILIPPINE VETERANS AFFAIRS OFFICE
 Veterans Compound
 Camp Aguinaldo, Quezon City

Name of Veteran _____ Claim No _____
 Name of Widow _____ Date Filed _____
 Name of Waivee _____ Date Approved _____
 Organization _____ Date Waived _____
 Military Status _____ Waiver Approved _____

APPLICATION FOR CHANGE OF COURSE/SCHOOL

COURSE APPROVED _____ City Address _____
 SCHOOL _____ Prov'l Address _____

SIR:

I have the honor to request permission for change of course/school from
 _____ to _____
 Course/School Course/School

My enjoyments under the Educational Benefits are as follows:

Sem/Sum/Qtr/Tri	School Year	Course	School	Student
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attached herewith are my official scholastics records, copy of my latest renewal permit and other supporting papers for the periods above enumerated.

I intend to use this change of course/school effective _____ sem/tri/qrt/sum and hereby certify that the foregoing facts are true and correct.

Very respectfully yours,

 (PRINT NAME & SIGNATURES)
 SCC Number _____

FOR CLAIM EXAMINER ONLY

Date _____

ACTION TAKEN:

Period of Entitlement _____ Months
 Period used to date _____ Months
 Period available _____ Months
 With/without extension _____
 Percentage of Creditable Units _____

PROCESSED BY:

 NAME POSITION DATE

RECOMMENDATION:
 APPROVAL/DISAPPROVAL

 DATE

Received by: _____
 Date Rec'd: _____