

**BUTTE COLLEGE
OFFICE OF VETERANS SERVICES**

REQUEST FOR CHANGE OF PLACE OF TRAINING

STUDENT NAME: _____ Student ID _____

Address: _____

Phone: _____ SSN _____

Benefits Currently Receiving:

Chap 33 Chap 30 Chap 35 Chap 1606 Chap 1607

I hereby certify that I am requesting a change of my place of training to Butte College from:

(Name of last educational institution attended where you were receiving VA benefits)