



Other Practical Training
FOR VA EDUCATION BENEFITS

1. STUDENT INFORMATION

Student Last Name:
Student ID #:
Academic Quarter:
Student First Name:
Last Four Digits of Student SSN: XXX-XX-
Academic Year:

Please indicate your military status:

- Discharged Veteran
Active Duty
Child of Service Member
National Guard
Reservist (not including ROTC)
Spouse of Service Member

Indicate your branch of service (if you are the dependent, type N/A):

2. PRACTICAL TRAINING INFORMATION

Please indicate your practical training information:

- Course name and number, or SLN code:
Dates worked at site:
Hours worked per week at site:
Training site name:
Site address:

3. ADVISER SIGNATURE

I verify that the information provided on this form is true and complete to the best of my knowledge.

Adviser Name:
Email:
Adviser Signature:
Date:

4. STUDENT CERTIFICATION AND SIGNATURE

I understand it is my responsibility to inform the Veterans Education Benefits Office if I change my schedule or program. If I do not, I may be overpaid benefits, which I will be obligated to return to the Department of Veterans Affairs. I authorize the Veterans Education Benefits staff to release information from my student record to the Department of Veterans Affairs.

Student Name:
Student Signature:
Date: