

GI Bill Recipient-Change of Program Form  
Northern Oklahoma College

NAME: \_\_\_\_\_ NOC ID Number: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

What Chapter of GI Bill Benefits are you using?:

Ch. 30 (Montgomery GI Bill) \_\_\_\_\_ Ch. 31 (VA Voc-Rehab) \_\_\_\_\_ Ch. 33 (Post-9/11) \_\_\_\_\_

Ch. 35 (Dependent's Educational Assistance) \_\_\_\_\_ Ch. 1606 (GI Bill Selected Reserve) \_\_\_\_\_

Ch. 1607 (REAP) \_\_\_\_\_

Previous Major: \_\_\_\_\_ New Major: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_