



Department of
Veterans Affairs

1. ADDRESS OF VA OFFICE



Department of Veterans Affairs

REQUEST FOR APPROVAL OF SCHOOL ATTENDANCE

IMPORTANT: Be sure to read the Instructions on the reverse of VA File Copy 1 before completing this form. This form should be completed in duplicate and signed in Part III. Return the original (VA File Copy) to the VA Office shown in Item 1. The copy will be retained by the claimant.

PART I - TO BE COMPLETED BY CLAIMANT (Also sign certification in Part III)

2A. FIRST NAME-MIDDLE INITIAL-LAST NAME OF VETERAN (Type or print)		3. VA FILE NUMBER
		C/CSS
2B. E-MAIL ADDRESS OF VETERAN (If applicable)	4A. STUDENT'S SOCIAL SECURITY NUMBER	
4B. FIRST NAME-MIDDLE INITIAL-LAST NAME OF STUDENT (Veteran's child attending school) (Type or print)		

5A. DATE OF BIRTH		5B. HAS STUDENT EVER MARRIED? YES NO (If "Yes," complete Item 5C)		5C. DATE OF MARRIAGE	
6. ADDRESS OF STUDENT (Number and street or rural route, city or P.O., State and ZIP Code)		7A. IS TUITION AND/OR ALLOWANCE FOR STUDENT'S EDUCATION OR TRAINING BEING PAID BY VA DEPENDENTS EDUCATIONAL ASSISTANCE (DEA), THE FEDERAL EMPLOYEE'S COMPENSATION ACT OR ANY OTHER AGENCY OR PROGRAM OF THE UNITED STATES GOVERNMENT? YES NO (If "Yes," complete Items 7B and 7C. If "No," skip to Item 8A)			
7B. AGENCY NAME			7C. DATE PAYMENTS BEGAN (Month, day, year)		
8A. NAME AND ADDRESS OF SCHOOL FOR WHICH APPROVAL IS REQUESTED			8B. NAME OR TYPE OF COURSE OF EDUCATION OR TRAINING		
9A. OFFICIAL BEGINNING DATE OF REGULAR TERM OR COURSE		9B. DATE STUDENT STARTED OR EXPECTS TO START COURSE (Month, day, year)		9C. EXPECTED DATE OF GRADUATION (Month, day, year)	
10A. IS STUDENT ENROLLED IN FULL-TIME HIGH SCHOOL OR COLLEGE COURSE? YES NO (If "No," complete Items 10B, 10C and 10D)	10B. SUBJECT FOR WHICH STUDENT IS ENROLLED (If other than full-time high school or college course)		10C. NUMBER OF SESSIONS PER WEEK		10D. HOURS PER WEEK
11A. WAS STUDENT ATTENDING ANY SCHOOL AT END OF LAST SCHOOL TERM? YES NO (If "Yes," complete Items 11B through 11F)			11B. NAME AND ADDRESS OF SCHOOL ATTENDED LAST TERM		
11C. NO. OF SESSIONS PER WEEK		11D. HOURS PER WEEK	11E. BEGINNING DATE OF LAST TERM		11F. ENDING DATE OF LAST TERM

PART II - STUDENT'S INCOME AND NET WORTH (See Instructions for when required)

12. REPORT OF INCOME BY CALENDAR YEAR (IMPORTANT - Do NOT report VA benefits)			13. VALUE OF ESTATE	
A. SOURCE	B. RECEIVED (REPORT FOR YEAR IN WHICH SCHOOL TERM BEGINS-SEE ITEM 9 ABOVE)	C. EXPECTED (Report for year following that shown in column B)	A. SAVINGS (Including cash)	\$
EARNINGS FROM ALL EMPLOYMENT			B. SECURITIES, BONDS, ETC.	
ANNUAL SOCIAL SECURITY			C. REAL ESTATE (Not your home)	
OTHER ANNUITIES			D. ALL OTHER ASSETS	
ALL OTHER INCOME (Interest, dividends, etc.)			E. TOTAL OF ABOVE	\$

14. REMARKS

PART III - CERTIFICATION AND AGREEMENT TO BE SIGNED BY CLAIMANT

NOTE: This part will be completed by the student only if he or she has attained majority and is claiming benefits in his or her own right. Otherwise, the veteran, surviving spouse, guardian or custodian will sign and also enter his or her relationship to the student.

Receipt by the student of VA Dependents Educational Assistance (DEA), the Federal Employees' Compensation Act, or benefit from another Federal Agency (U.S. Service Academy, U. S. Merchant Marine Academy, Bureau of Indian Affairs, etc.) with additional compensation payments based on the student's school attendance is considered a duplication of benefits and is prohibited.

I CERTIFY THAT the information given above is true and correct to the best of my knowledge and belief and request approval of the course of education or training shown above.

I AGREE to notify the Department of Veterans Affairs immediately of any change in this course of education, transfer to another school, discontinuance of school attendance, receipt of Dependents Educational Assistance, or marriage prior to completion of the course. I understand that continued entitlement to school attendance may be based on information I have furnished on this form. Any benefits allowed due to this certification will be discontinued if the student marries, receives VA Dependents Education Assistance (DEA) benefits, leaves school, or passes away.

15A. SIGNATURE	15B. DAYTIME PHONE NO. (Include Area Code)	15C. EVENING PHONE NO. (Include Area Code)	16. RELATIONSHIP TO STUDENT	17. DATE

Penalty: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

INSTRUCTIONS

NOTE: Read the instructions carefully before completing this form.

How do I complete VA Form 21-674c?

VA Form 21-674c should be completed by the person receiving or claiming benefits for a veteran's child who is at least 18 but under 23 and attending school. The veteran's child should complete the form only if he or she has reached the age of majority and is or will be entitled to receive direct payment of VA benefits. NOTE: The age of majority is determined by State law; it is age 18 in most states.

Print all answers clearly. For additional space, attach a separate sheet, indicating the item number to which the answers apply. Make sure to write the veteran's name and VA claim number on any attachments to this form.

Submit the original copy (VA File Copy 1) of the completed form to the VA office shown in Item 1. If no address is shown, mail or take it to the nearest VA regional office. Keep Claimant's Copy 2 for your own records and use the reverse, School Attendance Report, to report to VA any change in the child's status, such as termination of school attendance or marriage.

PART I

All claimants must complete this part. Answer "Yes" to Item 7A only if, Federal Employee's Compensation, VA Dependents Educational Assistance (DEA), or another Federal Agency (U.S. Service Academy, U.S. Merchant Marine Academy, Bureau of Indian Affairs, etc.) is paying the student's tuition. Do not answer "Yes" simply because the student's continuing school attendance has resulted in Social Security benefits.

PART II

Complete this part only if the benefit being claimed or received is disability pension or death pension. Each income block must be completed. If you do not receive income from a particular source, write "0" or "none" in the space provided. Do not leave the space blank. Report the gross amounts before you take out deductions for taxes, insurance, etc.

Section 306 or Old Law Pension (entitlement to pension established before January 1, 1979): Complete this part only if the VA benefit payable will be death pension, and there is no surviving spouse entitled to death pension. Do not complete if the student is a dependent on a veteran's or surviving spouse's award.

Improved Pension: Complete this part showing the student's income. Educational or vocational rehabilitation expenses are amounts paid by the student for his or her course of post-secondary education or vocational rehabilitation, including tuition, fees, and materials. If any of these expenses are paid by the student, the expenses may be deducted from the earned income of the student. Report the total amount(s) paid and dates of payment in Item 14, "Remarks."

PART III

This part will be completed by the student only if he or she has reached the age of majority and is claiming benefits in his or her own right. Otherwise, the veteran, surviving spouse, guardian or custodian will sign and also enter his or her relationship to the student in Item 16.

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101(c)(1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine entitlement to benefits for a veteran's child who is between age 18 and 23 and attending school (38 U.S.C. 104(a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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PART I - TO BE COMPLETED BY CLAIMANT (Also sign certification in Part III)

2A. FIRST NAME-MIDDLE INITIAL-LAST NAME OF VETERAN (Type or print)		3. VA FILE NUMBER C/CSS	
2B. E-MAIL ADDRESS OF VETERAN (If applicable)		4A. STUDENT'S SOCIAL SECURITY NUMBER	
4B. FIRST NAME-MIDDLE INITIAL-LAST NAME OF STUDENT (Veteran's child attending school) (Type or print)			
5A. DATE OF BIRTH		5B. HAS STUDENT EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 5C)	
5C. DATE OF MARRIAGE			
6. ADDRESS OF STUDENT (Number and street or rural route, city or P.O., State and ZIP Code)		7A. IS TUITION AND/OR ALLOWANCE FOR STUDENT'S EDUCATION OR TRAINING BEING PAID BY VA DEPENDENTS EDUCATIONAL ASSISTANCE (DEA), THE FEDERAL EMPLOYEE'S COMPENSATION ACT OR ANY OTHER AGENCY OR PROGRAM OF THE UNITED STATES GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 7B and 7C. If "No," skip to Item 8A)	
7B. AGENCY NAME		7C. DATE PAYMENTS BEGAN (Month, day, year)	
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10A. IS STUDENT ENROLLED IN FULL-TIME HIGH SCHOOL OR COLLEGE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 10B, 10C and 10D)	10B. SUBJECT FOR WHICH STUDENT IS ENROLLED (If other than full-time high school or college course)	10C. NUMBER OF SESSIONS PER WEEK	10D. HOURS PER WEEK
11A. WAS STUDENT ATTENDING ANY SCHOOL AT END OF LAST SCHOOL TERM? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 11B through 11F)		11B. NAME AND ADDRESS OF SCHOOL ATTENDED LAST TERM	
11C. NO. OF SESSIONS PER WEEK	11D. HOURS PER WEEK	11E. BEGINNING DATE OF LAST TERM	11F. ENDING DATE OF LAST TERM

PART II - STUDENT'S INCOME AND NET WORTH (See Instructions for when required)

12. REPORT OF INCOME BY CALENDAR YEAR (IMPORTANT - Do NOT report VA benefits)			13. VALUE OF ESTATE	
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EARNINGS FROM ALL EMPLOYMENT			B. SECURITIES, BONDS, ETC.	
ANNUAL SOCIAL SECURITY			C. REAL ESTATE (Not your home)	
OTHER ANNUITIES			D. ALL OTHER ASSETS	
ALL OTHER INCOME (Interest, dividends, etc.)			E. TOTAL OF ABOVE	\$

14. REMARKS

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I CERTIFY THAT the information given above is true and correct to the best of my knowledge and belief and request approval of the course of education or training shown above.

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15A. SIGNATURE	15B. DAYTIME PHONE NO. (Include Area Code)	15C. EVENING PHONE NO. (Include Area Code)	16. RELATIONSHIP TO STUDENT	17. DATE
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Penalty: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

SCHOOL ATTENDANCE REPORT
(Unscheduled Termination or Change)

INSTRUCTIONS: The appropriate items below should be completed and the form returned to the Department of Veterans Affairs if the student whose enrollment is recorded on the face of this form discontinues the approved course of education or training, receives VA Dependents' Educational Assistance (DEA) benefits, enters an educational institution entirely supported by the Federal government, or marries prior to completion of the course.

PART I - NOTICE OF TERMINATION OF SCHOOL ATTENDANCE

1A. DATE SCHOOL ATTENDANCE TERMINATED (Month, day, year)		1B. IS THIS THE OFFICIAL ENDING DATE OF REGULAR TERM FOR SUCH COURSE? <input type="checkbox"/> YES (If "Yes," complete Item 2A) <input type="checkbox"/> NO (If "No," complete Item 2B)	
2A. BEGINNING DATE OF THE NEXT REGULAR TERM FOLLOWING THE DATE STUDENT DISCONTINUED SCHOOL (Month, day, year)		2B. OFFICIAL ENDING DATE OF REGULAR TERM (Month, day, year)	
3. REASON FOR TERMINATION OF ATTENDANCE <input type="checkbox"/> A. FAILURE TO START COURSE OR TRAINING <input type="checkbox"/> B. FAILURE TO RESUME COURSE <input type="checkbox"/> C. COMPLETION OF COURSE <input type="checkbox"/> D. TRANSFER TO ANOTHER INSTITUTION (Specify name and address of other institution, if known) <input type="checkbox"/> E. OTHER (Please explain)			
4. REASON FOR TERMINATION DUE TO CHANGE IN STATUS <input type="checkbox"/> A. RECEIPT OF VA DEPENDENTS' EDUCATIONAL ASSISTANCE (DEA) BENEFITS <input type="checkbox"/> B. RECEIPT OF FEDERAL EMPLOYEES' COMPENSATION ACT (FECA) <input type="checkbox"/> C. RECEIPT OF OTHER FEDERAL BENEFITS (Such as, U.S. Service Academy, U.S. Merchant Marine Academy, Bureau of Indian Affairs, Job Corp, etc.)			
4D. DATE OTHER FEDERAL BENEFITS BEGAN (Month, day, year)			

PART II - NOTICE THAT STUDENT MARRIED

5A. DATE OF MARRIAGE	5B. MARRIED NAME (If female student)	5C. ADDRESS OF STUDENT (No. and street or rural route, city or P.O., State and ZIP Code)	
6. REMARKS			
I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.			
7. NAME OF SCHOOL			
8. DATE	9A. SIGNATURE OF CLAIMANT, GUARDIAN OR CUSTODIAN	9B. DAYTIME PHONE NO. (Include Area Code)	9C. EVENING PHONE NO. (Include Area Code)

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statements or evidence of a material fact, knowing it to be false.