OMB Approved No. 2900-0049 Respondent Burden: 15 minutes

1. ADDRESS OF VA OFFICE			Department of Veterans Affairs								
			REQUEST FOR APPROVAL OF SCHOOL ATTENDANCE								
IMPORTANT - Be sure to re	ad the Instructions o	n the reverse of Co	opy I before	completing thi	s form. The fo	rm should be ec	ompleted in	duplicate and	d signed in Part	III.	
		I - TO BE COM		BY CLAIM	ANT (Also si	ign certification	n in Part II)	l) 3 VAEHEN	JUMBER		
2A. FIRST NAME-MIDDLE INITIAL-LAST NAME OF VETERAN (Type or Print)				2B. E-MAIL ADDRESS OF VETERAN (If applicable)				3. VA FILE NUMBER C/CSS			
4A. FIRST NAME-MIDDLE IN	IITIAL-LAST NAME	OF STUDENT (Ve	eteran's child (attending school	ol)(Type or prin	11)	***************************************	4B. STUDEN	ET'S SOCIAL SE	CURITY NO.	
			RRIED? complete Item 5C)				5C, DATE OF MARRIAGE				
6. ADDRESS OF STUDENT (i or P.O., State and ZIP Code)	Number and street or		7A. IS TUIT	TION AND/OR DENTS EDUCA ANY OTHER	ALLOWANCE ATIONAL ASS AGENCY OR	SISTANCE (DE)	A), THE FEI THE UNIT	DERAL EMPI ED STATES (RAINING BEINC LOYEE'S COMP GOVERNMENT M)	PENSATION	
7B. AGENCY NAME			11.0	10		E PAYMENTS E					
8A. NAME AND ADDRESS C	OF SCHOOL FOR WI	HCH APPROVAL	IS REQUEST	ED	8B. NAM	IE OR TYPE OF	COURSE C	OF EDUCATE	ON OR TRAININ	√G	
9A. OFFICIAL BEGINNING DATE OF REGULAR TERM OR COURSE (Month, day, year) 9B. DAT COU			B. DATE STI COURSE	UDENT STAR (Month, day, yo	IDENT STARTED OR EXPECTS TO START Month, day, year)			9C. EXPECTED DATE OF GRADUATION (Month, day, year)			
10A. IS STUDENT EN- ROLLED IN A FULL- TIME HIGH SCHOOL OR COLLEGE COURSE?	10B. SUBJECT FOR WHICH STUDEN' (If other than full-time high school or o			T IS ENROL: college course	LED		UMBER O IS PER WE		10D. HOURS PER WEEK		
YES NO					Į						
Nems 10B, 10C and 10D)	DING ANY	[i	1B. NAME A	AND ADDRES	S OF SCHOOL	, ATTENDED L.	AST TERM				
SCHOOL AT END OF LAST S	SCHOOL TERM? Yes," complete Items through 11F)									_	
IIC. NO. OF SESSIONS PER WEEK	11D. HOURS PER WEEK 11E. BEGINNING DATE OF LAST TERM 11F. ENDING DATE OF LAST TERM										
	PART II - ST	UDENT'S INCO	ME AND P	NET WORT	H (See Instru	etions on reve	erse for who	en required)			
12. REPORT OF INCOM								VALUEO			
A. SOURCE	B. RECEIVED (REPORT FOR YEAR IN WHICH SCHOOL TERM BEGINS-SEE ITEM 9 ABOVE)		C. EXP	PECTED wear following in Cohann B)	following (Including cont)		\$				
EARNINGS FROM ALL EMPLOYMENT						B. SECURITIES, BONDS, ETC.					
ANNUAL SOCIAL SECURITY							ESTATE our home)			A-2	
OTHER ANNUITIES						D. ALL C	D. ALL OTHER ASSETS				
ALL OTHER INCOME (Interest, dividends, etc.)						E. TOTAL OF ABOVE			s		
14. REMARKS	······										
	PART	III - CERTIFIC	ATION AN	ND AGREEN	MENT TO BI	E SIGNED BY	Y CLAIM	ANT			
NOTE: This part will be	completed by the	student only if h	e or she has	s attained ma	niority and is	claiming bene	efits in his	or her own	right. Otherwi	ise, the veteran,	
surviving spouse, guardian Receipt by the student of Service Academy, U. S. M. considered a duplication of I CERTIFY THAT the infishown above. I AGREE to notify the Deattendance, receipt of Depmay be based on informat Dependents Education As	n or custodian will VA Dependents Ed Aerchant Marine Ac of benefits and is pr formation given above epartment of Vetera cendents Education tion I have furnishe	sign and also ente lucational Assistate cadeny, Bureau of ohibited. ove is true and counts Affairs immed al Assistance, or red on this form. An nefits, leaves scho	or his or her ince (DEA), the findiam Affirm	the Federal E fairs, etc.) wit best of my know y change in the or to complet allowed due to s away.	to the student. Imployees' Co th additional co owledge and the course of ethe tion of the cou o this certificat	ompensation A compensation p belief and requeducation, transurse. I understa ation will be di	Act, or bene payments b uest approve asfer to anot and that cor iscontinued	fit from ano pased on the al of the cou ther school, ntinued entit I if the stude	ther Federal Ag student's school arse of education discontinuance lement to school ant marries, recent	gency (U.S. of attendance is an or training of school of attendance gives VA	
15A. SIGNATURE 15B. DAYTIME PHON (Include Area Coo			NE NO. 1 de)	15C. EVENING PHONE NO. (Include Area Code) 16. RELATIONSHIP TO ST					17. DATE		
PENALTY: The law pro	vides severe penalt	ies which include	fine or imp	orisonment, o	r both, for the	e willful subm	ission of a	ny statement	t or evidence of	f a material fact	

INSTRUCTIONS

NOTE: Read the instructions carefully before completing this form.

How do I complete VA Form 21-674?

VA Form 21-674 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.

1. ADDRESS OF VA OFFICE				Department of Veterans Affairs							
				REQUEST FOR APPROVAL OF SCHOOL ATTENDANCE							
IMPORTANT - Be sure to re	ead the Instructions on the	reverse of Copy 1 bet	fore completin	g this for	m. The fo	rm should be	completed in	duplicate ar	nd signed in Part	III.	
		O BE COMPLET							NIUN (MM)		
2A. FIRST NAME-MIDDLE INITIAL-LAST NAME OF VETERAN (Type or Print)				2B. E-MAIL ADDRESS OF VETERAN (If applicable)				3. VA FILE NUMBER C/CSS			
4A. FIRST NAME-MIDDLE INITIAL-LAST NAME OF STUDENT (Veteran's child attending school)(Type or print) 4B.						4B. STUDE	4B. STUDENT'S SOCIAL SECURITY NO.				
SA, DATE OF BIRTH SB. HAS STUDENT EVER MA. YES NO (If "Yes." o				ARRIED? 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) 7. A. IS TUITION AND/OR ALLOWANCE FOR STUDENT'S EDUCATION OR TRAINING BEING PAID BY V DEPENDENTS EDUCATIONAL ASSISTANCE (DEA), THE FEDERAL EMPLOYEE'S COMPENSATION ACT OR ANY OTHER AGENCY OR PROGRAM OF THE UNITED STATES GOVERNMENT? [YES								PENSATION			
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 (Month, day, year)			9B. DATE STUDENT STARTED OR EXPECTS COURSE (Month, day, year)			CTS TO STAR	START 9C. EXPECTI (Month, a		TED DATE OF GRADUATION day, year)		
10A. IS STUDENT EN- ROLLED IN A FULL- TIME HIGH SCHOOL OR COLLEGE COURSE?	10B. SUBJECT Fo (If other than fi		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					10D. HOURS PER WEEK			
YES NO (If "No," complete Items 10B, 10C and 10D)											
11A. WAS STUDENT ATTEN	DING ANY	HB, NAM	IE AND ADDI	RESS OF	SCHOOL	ATTENDED I	AST TERM				
SCHOOL AT END OF LAST SCHOOL TERM? YES NO (If "Yes," complete Items 11B through 11F)											
IIC. NO. OF SESSIONS PER WEEK	IC. NO. OF SESSIONS 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 on reverse for when required)											
12. REPORT OF INCOME BY CALENDAR YEAR (IMPORTANT - Do NOT report VA benefits) 13. VALUE OF ESTATE											
A. SOURCE	B. RECE (REPORT FOR YEAR II TERM BEGINS-SEE	V WHICH SCHOOL	C. EXPECTED OL (Report for year following that shown in Column B)			A. SAVINGS (Including eash)			\$		
EARNINGS FROM ALL EMPLOYMENT						B. SECURITIES, BO ETC.		ONDS,			
ANNUAL SOCIAL SECURITY					C. REAL ESTATE (Not your home)						
OTHER ANNUITIES						D. ALL O	OTHER ASS	ETS			
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 Acadeny, Bureau of Indiam 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.											
			HONE NO. 15C. EVENING PHONE NO. (Include Area Code) 16. RI				16. RELA	LATIONSHIP 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.											



Department of Veterans Affairs

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 L. NOTICE OF T	ERMINATION OF SCHOOL ATTENDANCE					
I.A. DATE SCHOOL ATTENDA	NCE TERMINATED (Month, day, year)	1B. IS THIS THE OFFICIAL ENDING DATE OF REGULAR TERM FOR SUCH COURSE?					
Dilliounous III Islandi		YES (If "Yes," complete Item 2A)					
		- 					
2 A DECEMBENC DATE OF THE	NEVT DECH AD TEDM COLLOWING	NO (If "No," complete Item 2B) 2B. OFFICIAL ENDING DATE OF REGULAR TERM (Month, day, year)					
THE DATE STUDENT DISCO	E NEXT REGULAR TERM FOLLOWING INTINUED SCHOOL (Month, day, year)	2D. OFFICIAL ENDING DATE OF RESOURAN LEAIN (WORIN, May, year)					
3, REASON FOR TERMINATIO							
A. FAILURE TO START	COURSE OF TRAINING	E. OTHER (Please explain)					
B. FAILURE TO RESUM	E COURSE						
C. COMPLETION OF CO	URSE						
D. TRANSFER TO ANOT							
(Specify name and addi	ess of other institution, if known)						
4. REASON FOR TERMINATIO	N DUE TO CHANGE IN STATUS						
A. RECEIPT OF VA DEP	ENDENTS' EDUCATIONAL ASSISTANCE (D	EA) BENEFITS					
B. RECEIPT OF FEDERA	L EMPLOYEES' COMPENSATION ACT (FEC	(A)					
	FEDERAL BENEFITS (Such as, U.S. Service Ac lcademy, Bureau of Indian Affairs, Job Corp. etc.)						
4D. DATE OTHER FEDERAL E	ENEFITS BEGAN (Month, day, year)						
	PART II - NO	TICE THAT STUDENT MARRIED					
5A. DATE OF MARRIAGE	SB. 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							
	oing statements are true and correct to the be	est of my knowledge and belief.					
7. NAME OF SCHOOL							
8. DATE	9. SIGNATURE OF CLAIMANT, GUARD	IAN OR CUSTODIAN					
Dept. Communication of the com		the state of the millful submission of any determination avidance of a material fact knowing it to be false					