



**UW Bothell Other Practical Training**  
**FOR VA EDUCATION BENEFITS**

**1. STUDENT INFORMATION**

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

Please indicate your military status:

- |  |   |
|--|---|
| <input type="checkbox"/> Discharged Veteran      | <input type="checkbox"/> National Guard                 |
| <input type="checkbox"/> Active Duty             | <input type="checkbox"/> Reservist (not including ROTC) |
| <input type="checkbox"/> Child of Service Member | <input type="checkbox"/> 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: \_\_\_\_\_
- 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 UW Bothell Veterans & Military Educational 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 UW Bothell Veterans & Military Educational Benefits Office staff to release information from my student record to the Department of Veterans Affairs.**

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_