

**VETERANS DEFERMENT APPLICATION AND PAYMENT AGREEMENT**

I, \_\_\_\_\_ HEREBY APPLY FOR A DEFERMENT OF MY TUITION & FEES.

ID#: \_\_\_\_\_ VA FILE NUMBER (DEPENDENTS ONLY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE: HOME ( ) \_\_\_\_\_ WORK/CELL ( ) \_\_\_\_\_

TERM  Fall  Spring  Summer ACADEMIC YEAR \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ DEFERMENT DUE DATE \_\_\_\_\_

**\*\*NOTE:** *As part of the normal billing process, you will be sent an invoice for fees. However, you still have the option of paying your fees by the **deferred due date**.*

**DEFERMENT TERM & CONDITIONS**

- ❖ I UNDERSTAND THAT I AM RECEIVING A DEFERMENT OF MY TUITION AND FEES.
- ❖ I AGREE TO REPAY THE DEFERRED AMOUNT BY THE **SPECIFIED DUE DATE** AND UNDERSTAND THAT FAILURE TO PAY MAY RESULT IN MY ACCOUNT BEING REFERRED TO A COLLECTION AGENCY.
- ❖ I UNDERSTAND THAT NO FURTHER REGISTRATIONS, TRANSCRIPTS, GRADES, OR CREDIT WILL BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS HAVE BEEN PAID.
- ❖ I CERTIFY THAT I AM NOT INDEBTED FOR THE PAYMENT OF FEES TO ANY OTHER COLLEGE OR UNIVERSITY.
- ❖ I UNDERSTAND THAT IF I DROP, WITHDRAW, AUDIT, REVISE OR MAKE ANY OTHER CHANGES TO MY SCHEDULE, I MUST NOTIFY THE VETERANS CERTIFYING OFFICIAL IMMEDIATELY.
- ❖ I UNDERSTAND THAT SHOULD I WITHDRAW OR STOP ATTENDING CLASSES, I MAY STILL BE RESPONSIBLE FOR THE PAYMENT.
- ❖ I UNDERSTAND THAT THE VETERANS ADMINISTRATION **DOES NOT** GUARANTEE THAT I WILL RECEIVE PAYMENT WITHIN THE DEFERMENT PERIOD AND I UNDERSTAND THAT INITIATION OF BENEFITS PAYMENTS OFTEN TAKES LONGER THEN 90 DAYS.

**By signing this form, I acknowledge that I am responsible for full payment of my tuition and fees by the due date, regardless of whether or not I have received any VA payments. I further understand that my signature below signifies that I have read, understand and agree with ALL of the above terms.**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED BY: NAME: \_\_\_\_\_ DATE: \_\_\_\_\_