

AUSTIN PEAY STATE UNIVERSITY
Veterans Education Benefits Office

Fee Deferment and Authorization

Name: _____ Student ID: _____
Local Address: _____ Phone: (____) _____

Chapter: _____
Campus: _____ FCC _____ Main Campus Term: _____

This authorization is **ONLY** a temporary deferment of your tuition and fees, and is **NOT** a waiver of payment until your VA Education Benefits are received. If the amount owed is not paid in full by the end of the term, I acknowledge that I am not eligible for additional VA deferments.

Regardless of receipt of VA Benefits, I acknowledge that I am the responsible party for payment of my tuition and fees. I understand that my grades and transcripts will be withheld, and that registration for any future terms will **NOT** be allowed until this deferment is PAID IN FULL. I further understand that if I drop classes or withdraw from the University, I will be subject to the normal refund policies as published by the University, and that any amount owed according to those policies must be paid by me. Additionally, I understand that if my balance remains unpaid for 90 days following the end of the term for which it is owed, my account will be referred to a collection agency, and any charges associated with this referral and/or processing must be paid by me.

Reason for Requesting OVA Deferment:

- Waiting on VA Education Benefits
- VA Vocational Rehabilitation
- Other _____

Student Signature Date

For Business Office Use Only:

This is to certify that the student named above is tentatively scheduled to receive a monthly stipend from the U.S. Department of Veterans Affairs.

Please defer \$ _____ towards tuition and fees.

For OVA Use Only:

- Previous BAL (RSIAREV/TSAAREV) # Hrs. Cert'd (SFAREGS/SGASTDN) Prior Credit (SPACMNT)
- CRF/DOC/FD (RRAAREQ) DEF Coded (TZASTSF)

OVA Authorizing Signature Date

Confirmation # _____