



Tuition Deferment Request for Eligible Texas Veterans and Their Families

TVC-ED-6
Eff. Sept. 2017
Page 1 of 2

Pursuant to Tex. Ed. Code §56.0065 (H.B. 846, 85th(R), effective Sept. 1, 2017)

Submit to the institution of higher education you are attending, not the Texas Veterans Commission

Name _____ Student ID# _____

For (Term) _____ (Year) _____ at (Institution) _____

Purpose: The purpose of this form is to “prescribe a standard deferment request form... [for] a student eligible for state or federal military related student financial assistance programs for military veterans or their family members... to defer payment of tuition and fees if the receipt of military related financial assistance awarded to the student is delayed by less than 60 days” (H.B. 846, 85th(R)). This form will be used by all institutions of higher education and private institution of higher education (IHE) in Texas.

Category of State or Federal Veterans’ Education Benefit or Assistance Using (Check All That Apply)

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Montgomery GI Bill (Ch 30) | <input type="checkbox"/> Montgomery GI Bill-Selected Reserve (Ch 1606) |
| <input type="checkbox"/> Vocational Rehabilitation (Ch 31) | <input type="checkbox"/> Reserve Educational Assistance Program (Ch 1607) |
| <input type="checkbox"/> Post-9/11 GI Bill (Ch 33) | <input type="checkbox"/> Fry Scholarship |
| <input type="checkbox"/> Dependents’ Educational Assistance (DEA) (Ch 35) | <input type="checkbox"/> Tuition Assistance |
| <input type="checkbox"/> Hazlewood Act | <input type="checkbox"/> Child of POW/MIA |
| <input type="checkbox"/> Non-Resident Waiver | <input type="checkbox"/> Other: _____ |

Background: Provide an explanation that describes why you need a tuition and fee deferment. Include any information on any attempts you have made to rectify the situation. This will allow IHE representatives to better assist you with your application to use Department of Veterans Affairs (VA) or State of Texas military related financial assistance. Attach additional sheets if necessary.

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In requesting a deferment of payment of tuition and fees, my initials preceding the statements below certify my understanding of each item.

X _____ I have verified my remaining entitlement of one or more of the veterans' benefits or assistance programs checked on Page 1. I believe my eligibility and anticipated funding to be sufficient to cover the tuition and fees for this term;

X _____ I understand that this deferment does not pay my tuition and fees, but it allows me an extension of time up to 60 days from the first day of the semester or term to pay tuition and fees in full;

X _____ I have formally requested an enrollment certification through my IHE VA Certifying Office and/or other applicable office for processing tuition exemptions and waivers and expect to receive the applicable benefit for the current term;

X _____ I understand that if I do not receive the education benefit checked above that I am still required to pay all tuition and fees to the IHE I am attending and withdrawal after the first day of classes does not eliminate this obligation;

X _____ I understand that the tuition and fees being deferred are subject to my IHE's late and refund policies if not received by the 60th day from the first day of the semester or term;

X _____ I understand that all academic records and enrollment registration may be held if all financial obligations to the college are not settled in a timely manner;

X _____ I understand that my tuition and fees must be paid in full no later than 60 days from the first day of class of the semester or term before I will be allowed to register for classes for subsequent terms;

X _____ I understand that my eligibility for tuition and fee deferments under Tex. Ed. Code §56.0065 may terminate if I do not follow applicable rules and regulations or otherwise fail to act in good faith and to the best of my ability with timely and reasonable payment(s) of tuition and fees.

I certify that all of the above information on all pages is true and correct to the best of my knowledge and belief.

Signature _____ Date _____

Received by: _____ Date _____

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Academics

_____ Due to FERPA laws, academic and VA benefit advising will not be conducted at the SAC VA in-take desk or lobby area. If needed, I must request to meet with my Certified Academic Advisor or the Vet Success On Campus Counselor (VSOC).

_____ I am required to disclose all prior college course credits to SAC VA and submit all transcripts from all colleges, universities and military to SAC Admissions and Records prior to my first term at SAC.

_____ I will register for courses independently and ensure they are required on my signed and authorized academic advising guide in the SAC VA office.

_____ If my department needs to change any courses on my advising guide, I need to obtain a course substitution letter signed by my academic department and submit it to the SAC-VA office.

_____ I AM RESPONSIBLE FOR TRACKING MY COURSE ENROLLMENT. Therefore, I will visit the SAC-VA office every term after registering, dropping, adding or when any changes are made to my courses as this may directly affect my benefit reimbursement.

_____ I should complete a current FAFSA for each academic year, despite my known or unknown status for financial aid. To complete the FAFSA, use the webpage: www.fafsa.edu.gov

Certification

_____ I must obtain and provide the necessary documents to the SAC-VA office for each term that I wish to certify courses. My certification may be delayed if all necessary documents are not on file. If needed, additional documentation may be requested at a later date by the SAC-VA Office or Dept. of Veterans Affairs.

_____ Documents submitted to the SAC-VA office will be processed on a first come first serve basis and depends on final approval by the VA regional office.

_____ My requested credit hours for certification may be changed based on various factors (i.e. courses taken on-line, retaking courses that satisfy graduation requirements, three-peats, remedial courses without test placement scores, remedial courses taken on-line, change of major, grade point average etc.).

_____ I assume full responsibility to reimburse funds to SAC or the VA if an overpayment occurs as a result of any changes from my original certification.

_____ I am responsible for making a payment or setting up a payment plan to the SAC Bursar office if my VA education benefit does not pay for tuition or it is a payment deadline.

_____ For questions regarding the status of my benefits after my SAC-VA certification, I will contact the Dept. of Veterans Affairs Regional Office in Muskogee by calling 1 (888) 442-4551.

_____ While attending San Antonio College this form will serve as a reminder that I will be responsible for the above requirements and responsibilities as long as I am enrolled and attending at any given semester.

STUDENT SIGNATURE

DATE

BANNER I.D.

**By initialing and signing, I am responsible for the above student responsibility statements.*