



Tuition Deferment Request for Eligible Texas Veterans and Their Families

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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