

SCHENECTADY COUNTY COMMUNITY COLLEGE
VETERAN'S REQUEST FOR DEFERRAL OF TUITION AND FEES

*Please read this form carefully and be sure you fully understand
your obligation before signing*

<i>Last Name</i>	<i>First Name</i>	<i>SCCC ID#</i>	<i>Semester</i>
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Total tuition and fees: \$ _____

Total financial aid applied:
if known \$ _____

Estimated VA Benefits: \$ _____

Veteran's Chapter: _____

Total Deferral Amount: \$ _____

<i>Date</i>	<i>Approval</i>
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**BY SIGNING BELOW, THE STUDENT AGREES TO THE FOLLOWING
CONDITIONS OF THIS DEFERRAL:**

(A) *This deferral will be paid in full on or before* _____

(B) *I agree that failure to pay this deferral prior to the date indicated above will result in a hold being placed on my grade records, and I understand that I will not be permitted to register for any subsequent term until the amount deferred is paid in full. I further understand that SCCC uses a collection agency and/or attorney as a means of outstanding debt collection. If it becomes necessary for SCCC to submit my account for collection, I agree to be responsible for up to 30% collection costs and/or attorney fees of up to 40%.*

Student Signature

Date

Student Business Office Signature

Date

Distribution: WHITE -Registrar YELLOW- Student Business Office PINK- Veteran
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