

**R · I · T Office of Veterans Affairs**

**VETERANS TUITION DEFERMENT**

<b>VETERANS TUITION DEFERMENT</b>		1. PROGRAM CODE	
		2. TERM	
3. FIRST NAME MIDDLE NAME LAST NAME OF APPLICANT		4. SOCIAL SECURITY NO.	
5. CURRENT MAILING ADDRESS <i>(Include number and street, or rural route, city or P.O., State and Zip)</i>		6. TELEPHONE NUMBER	
		7. DD214 CONFIRMS ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	
		8. REGISTERED CREDIT / CONTACT HOURS /	
<b>I UNDERSTAND THAT I MUST PAY THIS AS I RECEIVE MY VA CHECKS, AND THAT THE BALANCE MUST BE REPAID IN FULL BY THE END OF THE TERM; AND I MUST REPORT ANY CHANGES IN MY ENROLLMENT STATUS TO THE OFFICE OF VETERANS AFFAIRS</b>		9. CUMULATIVE TERM BENEFITS	
		\$	MONTHLY \$
NOTE: Veterans registered for less than 6 credit hours must complete block 10.			
10A. COURSE TITLE		10B. COURSE NUMBER	
11. VETERANS SIGNATURE		12. DATE	13. VALIDATING SIGNATURE
			14. DATE