

Financial Responsibility Waiver

I understand that I will be allowed to register for classes without advance payment of tuition and fees, and that my class(es) will be held upon proof of application for Chapter 33 benefits. I agree to be responsible for all educational costs not covered by my VA benefits once eligibility has been determined. I also understand that payment will be due immediately upon receipt of my Certificate of Eligibility and registration for class(es).

Name: _____ Student #: _____

Signature: _____ Date: _____