



Veterans Education Center
Charleston Campus
Sort Code W22D
6375 West Charleston Boulevard
Las Vegas, NV 89146-1164

702.651.5060
fax: 702.651.7430

Student VA Contract-Post 9/11

Date: _____

Effective Spring 2012

Name: _____

VA File Number: ____ - ____ - ____

NSHE Number: _____

Chapter: 33 Post 9/11

I understand that I am ultimately responsible for any payments owed to CSN. I understand this contract will only defer my payment for the Spring 2012 until **April 15, 2012**. This contract grants this deferment to allow time for the Post 9/11 GI-BILL payment to be received and posted to my account. I understand by signing this contract I have read and understand all the statements below.

Student (Please Initial):

- ____ I understand it is my responsibility to pay all fees that are charged for classes I have registered for.
- ____ In the event the Department of Veterans Affairs does not provide payment to the school in a timely manner (regardless of circumstance); it is ultimately my responsibility to pay any balance owed to the school.
- ____ I understand that any adjustments made to my file on any semester may cause an overpayment with the Department of Veteran Affairs. This may result in no payment to the school.
- ____ I understand that making changes to my original class schedule could cause an overpayment with VA for additional monies received by the school for tuition and fees, which can create an overpayment to my account.
- ____ I understand that VA is **NO LONGER COVERING ANY OUT OF STATE TUITION AND FEES**, they will only cover in state tuition and fees based on my percentage of eligibility.

Student Signature: _____

Office use only

Veterans Affairs Coordinator

Notes: _____

Nevada System of Higher Education

Charleston Campus

Cheyenne Campus

Henderson Campus

Academic & Learning Centers