



Veterans Education & Transition Services
Charleston Campus
 Sort Code WCMOD11
 6375 West Charleston Boulevard
 Las Vegas, NV 89146-1164
 Office: 702.651.5060
 Fax: 702.651.7430

Student VA Post 9/11 Contract
Spring 2018

Date: _____

VA File Number: _____ - _____ - _____

Name: _____

NSHE Number: _____

I understand that I am ultimately responsible for any payments owed to CSN. I understand this contract will only defer my payment until April 16th, 2018. This deferment is to allow time for the entitled Post 9/11 tuition and fees payment to be received and posted to my account. I understand by signing this contract I have read and understand all the statements below:

(Please initial in the below lines)

_____ 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 the entitled payment to the institution by the deferred due date (regardless of circumstance) or the entire tuition and fees are not covered; it is ultimately my responsibility to pay any balance owed to the school by the above date.

_____ I understand that any adjustments made to my file for any semester may cause an overpayment with the Department of Veteran Affairs. This may result in some or no payment of tuition and fees to the institution.

_____ I understand that making changes to my original certified class schedule could cause an overpayment of tuition and fees paid to the institution, which can also create an overpayment with the VA.

_____ I understand that payments from other parties specific to tuition and fees must be reported to the VETS office and can effect monies sent or received by the Department of Veteran Affairs to the institution.

_____ I understand that **VA DOES NOT COVER THE EXCESS CREDIT FEE.**

_____ I understand that **VA DOES NOT COVER ANY OUT OF STATE TUITION AND FEES (not charged in summer semesters).** They will only cover in state tuition and fees based on my percentage of eligibility.

Student Signature: _____

Office Use Only	
Receiving VA Representative	VA Notes
_____	_____

**Please note: This contract is not valid unless we have already received an online or in person claim. If we do not have a claim you will need to resubmit this contract once a claim has been submitted.*