



FLORIDA STATE UNIVERSITY
PANAMA CITY

Office of Student Affairs
Military & Veteran Benefits

Marcie Davis
VA Benefits Enrollment Officer
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Veteran Deferment Third Party Contract

Term: _____ Expiration date: _____

Name: _____ EMPL ID: _____

Important Information (please initial):

This deferment is not automatic and must be requested through the Veteran Benefits Office by the fifth day of class every semester.

You must report any classes dropped or withdrawn from immediately to the Veteran Benefits Office so the deferment may be adjusted. If fees are not paid or deferred by the tuition payment deadline date (available at: <http://sfs.fsu.edu>) you will be assessed a \$100 late payment fee.

Charges must be paid to the Cashier's Office in Student Financial Services by the expiration date stated above. Please note failure to pay tuition by the stated date will cause a \$100 late payment fee and possible cancellation of schedules.

Should you fail to pay tuition or fees by the appropriate deadlines, you will forfeit your right to receive future deferments.

If the VA should deny or withhold education benefits you will remain liable for fees. Should you withdraw during the semester you remain liable for the fees deferred.

Total amount contracted \$ _____ Total credit hours _____ (Post 9/11 see below)

I understand and realize that I am responsible for the above and that a \$100 late fee will be assessed if my fees are not paid by the date stated above.

Signature: _____ Date: _____

FOR CHAPTER 33 POST 9/11 STUDENTS ONLY:

Only the tuition and any insurance portion of charges will be paid directly to the school from the VA. All other charges (housing, books and meal plan) are the responsibility of the student to pay before the deadline date as the VA will pay the student directly with a monthly stipend and a one-time per semester books/supplies stipend.

I request the following to be contracted: # _____ credit hours

Tuition: \$ _____ Housing \$ _____ Books & Supplies: \$ _____

Insurance: \$ _____ Meal Plan: \$ _____

I understand I will receive _____ % of VA benefits. I understand the VA will not pay the school directly for any charges except tuition and insurance and that I will need to pay Florida State University directly once the VA has paid me or by the expiration date whichever comes first.

Signature: _____ Date: _____