



Student ID Number: \_\_\_\_\_

Term: \_\_\_\_\_ Year: \_\_\_\_\_

## Veteran Payment Agreement

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

As a student pursuing VA benefits, I confirm the following:

- I am eligible for, and intend to use the state and/or federal educational benefits selected below.
- Signing this agreement will prevent cancellation of my registration.
- I will notify the VA Coordinator of any changes to my program, registration, or my benefit eligibility.
- This agreement does not relieve me from any financial responsibility to Midland College.
- If I am not eligible for federal or state educational benefits or exhaust my benefits during the term, I will be responsible for any unpaid balance.
- I understand that dropping or withdrawing from courses may generate a debt that will be my responsibility.

I intend to use the following benefits during the term listed above: (Please check all that apply and indicate percentages when appropriate.)

	Benefit	Additional Information
	<b>Post 9/11 GI Bill</b> (Chapter 33)	Percentage: _____
	<b>Tuition Assistance</b> (Army, Navy, Air Force, Marines, Coast Guard)	
	<b>Hazlewood Exemption</b> (Check Appropriate Exemption)	Hazlewood 2.0 GPA Required
	Veteran	Percentage: _____
	Legacy (Dependent)	Percentage: _____
	100% Disabled	Percentage: _____
	MIA	Percentage: _____

If any balance remains as a result of benefit ineligibility, registration changes, or courses that cannot be certified, I promise to pay Midland College any unpaid balances for the term listed above. This request is only valid for the term listed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this document to the Veterans Resource Center (SSC 131) or email to [mcvet@midland.edu](mailto:mcvet@midland.edu) after registration every term.