

Print Name \_\_\_\_\_

Student ID \_\_\_\_\_

**Dear Student,**

You have submitted an Indiana Veterans Remission of Fees application. We have not applied your benefit because you are also receiving benefits from another source that is also paying tuition and fees. Please check the appropriate statement below and sign this form for us to continue processing of your Remission of Fees.

Circle the term for which you are requesting payment.  FALL    SPRING    SUMMER
---

List the academic year you are requesting payment.  20____ - 20____
---

\_\_\_\_\_ I am declining other tuition/fees awards and requesting payment of my Indiana Veterans Remission of Fees.

List type of aid you are declining. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR**

\_\_\_\_\_ I am receiving full or partial payment for tuition from another source, but still want the remainder paid with my Indiana Veterans Remission of Fees.

By signing the statement below and returning it to the financial aid office, you are authorizing Vincennes University to apply the eligible remaining charges to your CDV benefit. By doing so, we are required by State of Indiana guidelines to report the total number of hours you are enrolled for the term, not just what you have been paid.

**I want the remaining eligible portion of my cost paid by my CDV benefit. I understand that the total number of credits enrolled for the term will be reported to the State of Indiana along with reporting a full term of other assistance used.**

Signature \_\_\_\_\_ Date \_\_\_\_\_