

## APPLICATION FOR DEFERRAL AND PROMISE TO PAY

Office of Veteran & Military Services 1 Hawk Drive, New Paltz, NY 12561-2439

☐ Fall ☐ Winter ☐ Sp	oring Summer	20 Semester Year	 Today's Date	
Please Print		N		
Name		Banner ID		
Permanent Address	City	State	Zip	
Local Address	City	State	Zip	
()_ Daytime Phone Number				
I request a deferral of 10	0% of my eligible r	military affiliated educatio	on benefits.	
(List education benefit yo	ou are using. Ex: Ch	n 33/Post 9-11 GI Bill, C	h 31 VR&E or Military/State Tu	uition Assistance)
payment in full by the ag such funds does not exc student account, which I understand the terms a	reed date. If my re use my financial ol n ever is greater. nd conditions of th	quest is based on anticipoligation to make payme	sonal obligation. Signing this stoated financial aid or other funent in full of the amount shown ROMISE TO PAY and fully accepted deferral due date assignation.	or the balance on my
S	Signature of Student			
This deferral when appro	oved serves as PAY	MENT ARRANGEMEN	NTS for the semester noted ab	ove and you will NOT
herein or the total balance	ce of the semester e imposition of late	account, which ever is g	e student incurs full liability for greater. Failure to pay this acco ock on the student's records, gr	ount by agreed deferral
	Ве	elow This Line For Offi	ce Use Only	
Approved Until		The Deferr	ral Due Date.	
			and Accepted For University of New York at New	Paltz