

## **VA FEE WAIVER REQUEST**

as authorized by my VA Vocational Rehabilitation Counselor.  2) I understand that I will be responsible for the tuition and fees for any course that is not authorized by my VA Vocational Rehabilitation Counselor.  3) I understand that I am responsible for this indebtedness on failure of the above named organization to make payment within 30 days from billing date. Failure on my part to assobligation may result in my being deleted from the class rolls of the University.  Student's Signature:  U-Number: U  VA File Number:  Address:	Fro		cational Benefits & Ce			
Per the US Department of Veterans Affairs:  Effective November 15, 2012, VA Vocational Rehabilitation and Employment program will may for the Dining Dollars fee required for all full-time students attending the University of M Students sponsored under this program receive a monthly subsistence allowance, so VA ca provide any additional funds for food. Based on the University of Memphis Dining Dollars poeach student who pays this fee can be reimbursed at the end of the term for any unused fur Students who paid for their Dining Dollars but did not use them, must login to the Campus C website (www.memphis.edu/campuscard) to apply for a refund during the refund period. Complete instructions are available on the University of Memphis website.  1) I understand that I must follow the Vocational Rehabilitation Guidelines and Debt Prever Individual Written Education Plan (IWEP) that authorizes my degree/major or program of as authorized by my VA Vocational Rehabilitation Counselor.  2) I understand that I will be responsible for the tuition and fees for any course that is not authorized by my VA Vocational Rehabilitation Counselor.  3) I understand that I am responsible for this indebtedness on failure of the above named organization to make payment within 30 days from billing date. Failure on my part to assobligation may result in my being deleted from the class rolls of the University.  Student's Signature:  U-Number: U  VA File Number:  Address:	Nan	ne:				
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VA File Number: Address:	Stu	dent's Signature: _				
Address:	U-N	umber: U				
	VA	File Number:				
Phone:	Add	lress:				
	Pho	ne:				
Date:	Date	e:				
VA Voc Rehab Counselor – Name	VA	Voc Rehab Counse	lor – Name			
VA Voc Rehab Counselor – Address	VA	Voc Rehab Couns	selor – Address			