

То:	Bursar's Office			
From:	Veterans Services	i		
CC:	Bursar's Office, 11	5 Wilder Tower		
Re:	VA Fee Waiver			
Name:				
Term / Year:	Fall /	Spring /	Summer /	
Invoice: \$		To: <u>Veteran Vo</u>	ocational Rehabilitation	
Per the US D	epartment of Veterar	ns Affairs:		
(www.mem instructions I understand organization this obligation	nphis.edu/campuscard) s are available on the U I that I am responsit to make payment v on may result in my	to apply for a refund of Jniversity of Memphis ble for this indebte within 30 days from being deleted fron	dness on failure of the above name billing date. Failure on my part to the class rolls of the University.	
_	jnature:			
	U			
VA File Numb	oer:			
Address:				
Phone:				
Date:				
VA Certifyin	a Official:		Date:	