



FINANCIAL AID ADVANCE FOR CHAPTER 31 STUDENTS

Student Name: _____

Student ID: _____

Semester: _____

Student: Please read and initial each statement:

_____ I understand that if I become ineligible for Chapter 31 benefits, I will be responsible for the full payment of my tuition, fees, and student account charges.

_____ I understand that if my Chapter 31 benefits do not cover all of my tuition, fees, and student account charges, I am responsible for paying the difference. I understand that all of my charges must be paid in full before I will be permitted to register the following semester.

_____ I am responsible for dropping my courses as outlined in the current class schedule if I choose not to attend my classes.

_____ I understand that I will have an account balance and a balance due hold will be placed on my account, preventing future registration, until payment is received, and/or my balance is below \$200.

By signing this form I authorize MSU Denver's Office of Cashiering to release my Financial Aid prior to the Department of Veteran Affairs paying tuition and fees. I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student Signature

Date

Bursar Authorized Signature

Date

FOR OFFICIAL USE ONLY		
RELEASE DATE:	DIRECT DEPOSIT (GXADIRD): YES <input type="checkbox"/> NO <input type="checkbox"/>	TGACOMC <input type="checkbox"/>
ADJUSTMENT		
DETAIL CODE	SEMESTER	AMOUNT
RF15		\$
NOTES:		