

to sbs@ttu.edu or by fax to 806-742-5910

Student R#		
Semester		

MILITARY PAYMENT PLAN ENROLLMENT REQUEST

NAME:	DATE:
•	iversity Student Business Services to process my requested t Plan. Consequently, I agree to and understand the following:
I am eligible for, and intend to	use the State and/or Federal benefits selected below.
• Enrollment into this plan will	prevent cancellation of my registration.
•	udent Advisor and the Office of Military and Veterans Program of registration, or my benefit eligibility.
This agreement does not relie	eve me from any financial responsibility to Texas Tech University.
I intend to use the following benefits	during the semester listed above (Check all that apply):
Montgomery GI Bill® (CH. 30)	Veteran Readiness and Employment (CH.31)
Post 9/11 GI Bill® (CH. 33)	Montgomery GI Bill® - Reserve (CH. 1606)
VEAP (CH. 32)	Hazlewood Exemption
Other (please list)	
	epartment of Veterans Affairs (VA). More information about education benefits vernment Web site at https://www.benefits.va.gov/gibill.
My signature below certifies my enrol for the term listed above.	llment into the Military Payment plan. This request is only valid
STUDENT SIGNATURE:	
SUBMISSION INFORMATION:	

Submit Military Payment Plan Enrollment Request to Student Business Services in 301 West Hall, via email