T.A. FORM

International Import-Export Institute
Tuition Deferral Agreement for Military Personnel

Student Name:	**Current Billing Information (Tuition Assistance)**
Branch of Service:	**Educational Officer Name:**
Dates of Service: through	**Educational Officer Phone:**
Military Status: Active Duty / Reserves	**TA Billing Address:**
Student Enrollment: Degree-Seeking / Certification	**TA Billing City, State and Zip:**

Student Acknowledgement

- ❑ I understand it is my responsibility as the student to confirm my eligibility and approval for the following military educational benefit programs: MGIB and TA. Furthermore, I agree to provide the International Import-Export Institute with accurate

- ❑ **Under all circumstances, I understand that I, the student, am solely responsible for all tuition and fees due.** In the event that military education benefits are not available, I am responsible for any outstanding balance due.

- ❑ **TA Recipients Only**: I understand all tuition and fees for each course in which I have enrolled is due no more than 28 calendar days from the start date. I authorize the International Import-Export Institute to collect the tuition/fees not paid within 30 days of the course starting date by charging the card listed below. It is my responsibility as a TA student to ensure that the International Import-Export Institute receives the tuition/fees prior to this deadline to avoid charges on this card.

- ❑ I understand that the following fees may be assessed if the terms of this agreement are not met:
  → Payment Not Received Within 30 Days of Class Start = $30 Late Fee
  → Declined Credit Card Fee = $50 Transaction Fee
  → Please note the student will be ineligible to participate in tuition deferral program, and all outstanding amounts must be paid before Student will be allowed to continue his/her course of study.

I have provided all information required by this agreement. I have read, understand, and agree with all of the stipulations included.

Student Name (Please print clearly) _____ Social Security Number

Street Address (Must be billing address for the credit card)

City State Zip Country _____ Student Signature

I have read and agree to the above terms and conditions and I authorize the International Import-Export Institute to charge my credit card for tuition not paid within 30 days of the start date of each course, or after 10 days of me receiving payment from the VA.

Name on Credit Card _____ Type (Visa / MC / Discover / AMEX)

Credit Card Number _____ Expiration Date

Cardholder Signature Date CCV Code (Signature field on back of card)

Revised June 2007