Payment Deferral Request

An approved Payment Deferral Request will prevent an account from being referred to the VCU Collection Unit and being assessed additional collection costs, as long as the approved payment schedule is maintained. The registration and official transcript/diploma hold will remain on an account until the balance is paid in full.

Student Number Student Email Address Name Last First MI Mailing address Street Home or Cell Telephone () - City State Zip Code Work Telephone () - Proposed Payment Schedule: Payments must be listed as weekly, bi-weekly or monthly and must include specific dates and amounts.	Date of request	Sem	r and semester that the balance occurred tester Year 1= spring
Name Last First MI Mailing address Street Home or Cell Telephone () - City State Zip Code Work Telephone () - Current Balance: \$ 35% of Current Balance: \$ Proposed Payment Schedule: Payments must be listed as weekly, bi-weekly or monthly and must include specific	(Month) (Date) (Year)		2= summer
Mailing address Street	Student Number	Student Email Address	
Mailing address Street	Name		
Street Home or Cell Telephone (Last	First	MI
Current Balance: \$ 35% of Current Balance: \$ Proposed Payment Schedule: Payments must be listed as weekly, bi-weekly or monthly and must include specific	Mailing address		<u> </u>
Current Balance: \$ 35% of Current Balance: \$ Proposed Payment Schedule: Payments must be listed as weekly, bi-weekly or monthly and must include specific	Street		
Current Balance: \$ 35% of Current Balance: \$ Proposed Payment Schedule: Payments must be listed as weekly, bi-weekly or monthly and must include specific	City	State Zip Code	
	Payments must be liste		y and must include specific
Payment Dates Payment Amounts	<u>Payment Dates</u>	<u>F</u>	Payment Amounts

Payment Deferral Request

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Please state the reason for Be as detailed as possible.	your payment deferral requ	uest, including any extend	uating circumstances.
Additional information:			
-The minimum balance requ	uired in order to qualify for	a payment deferral requ	est is \$300.
-Payment deferral requests outstanding student accou			yment of 35% of the
-Payment deferral requests	are not finalized until appr	oved by the Student Acco	ounting Department.
-Students will receive email from the Student Accounting		-	student receives confirmation lid.
-Approval of a payment defe Collection Unit for one cycle		count balance from being	referred to the VCU
-The Student Accounting ho	ld will remain until the bala	ance is paid in full.	
I certify by signing this form payments according to the		-	t, and I agree to make
		For Student Accounting	g Use Only
Student's Signature	Date	 Date Pald	Amount paid \$
	036 venue, Room 1115 A, 23284-3036 8-5463	Approved	DeniedDate



Virginia Commonwealth University **Student Accounting Department Division of Student Affairs and Enrollment Services** Harris Hall, 1015 Floyd Avenue, Richmond, VA 23284-3036 http://www.enrollment.vcu.edu/accounting/ an Equal Opportunity/Affirmative Action University

Date Pald Amount pald \$
Approved Denied
Approver's Signature Date Method of Student Notification:
□ Email
□ Mail
☐ In Person Student's Initials
□ Telephone Date & Time