

VIRGINIA STATE UNIVERSITY

COLLEGE WORK STUDY DEFERMENT AGREEMENT

NOTE – ALL FIELDS MUST BE COMPLETED

DATE _____

STUDENT NAME: _____

V NUMBER: _____

LOCAL ADDRESS: STREET _____

CITY, ST ZIP _____

CELL NUMBER _____

PERMANENT ADDRESS: STREET _____

CITY, ST ZIP _____

HOME TELEPHONE NUMBER _____

AMOUNT REQUESTED: _____ (you will be notified of the approved amount)
Cannot exceed 75% of semester award

This agreement is to confirm that I have been certified to receive college WORKSTUDY as a form of Student Financial Aid while attending Virginia State University. I authorize the VSU Payroll Office to withhold from my paycheck, all amounts, net of applicable payroll taxes, necessary to cover the amount deferred by this request.

I hereby agree to the following conditions. I understand that:

1. if I do not work as prescribed by the Work Study program I am required to immediately pay off the remaining amount due on this deferment.
2. Failure to pay the remaining balance will cause a hold to be placed on my account and action to collect the debt initiated.
3. This agreement is being executed as a means of providing me the opportunity to be validated for the current term, but does not relieve my financial responsibility to the University.
4. This Deferment request is not in force until accepted by the Office of the Bursar.

This document must be saved and emailed to Cwsdeferment@vsu.edu from your VSU student email address.