



ADVANCED PAYMENT REQUEST

An advance payment is designed to pay the student’s monthly benefit for the first and second month of the semester, in advance, to help meet the expenses concentrated at the beginning of the term. The first month will only pay from the start date through the end of the month.

Advance payments are sent to Clayton State University. After the Bursar’s Office receives the advance payment check, but no sooner than 7 days prior to the fee payment deadline, the student can sign the check to pay tuition and fees to reach a \$0 balance, excess funds can be credited to the student’s account to purchase book/supplies, and then any remaining funds will be given to the student during normal refund processing time. Please activate your Bank Mobile Card, if you haven’t already. Subsequent payments will be sent directly to the student from VA. Another payment will not be processed until the third month’s payment is processed.

If the Bursar’s Office does not receive the advance payment before the tuition and fees are due, student is responsible for making tuition and fee payment in full, by the published deadline to secure classes. The student is responsible for paying VA any overpayments that may result from changes to your enrollment, schedule, attendance, degree programs, benefit types, and such like.

Eligibility Requirements

- Student must request advance pay at least 45 days prior to the first fee payment deadline for the term. In order to request advance pay, student must be registered for the upcoming term.
- Student must be enrolled at least half time.
- Student must have more than a 30-day break between semesters, with no payment for the break.
 - What was the last Term/Year that you were enrolled? _____
- To qualify for Advance Payment, student must be eligible for and receiving one of the following benefit types. Please select the benefit type that you are seeking:

_____ Chapter 30: Montgomery GI Bill® -Active

_____ Chapter 1606: Montgomery GI Bill®-Reserves

_____ Chapter 35: Dependents Education Assistance

Student Information

STUDENT: _____

LAKER ID #: _____

LAST 4 SSN: _____

PHONE: _____

For which Term/Year are you seeking Advance Payment? _____

By signing this document, I acknowledge that the information I provided is accurate to the best of my knowledge. I also acknowledge that I have read and understand this document.

Student’s Signature

Date