

# Request for Deferral of Application Fee for Admission



Student name (please print)

Social Security Number

Address

E-Mail

City

State

ZIP

Telephone

Are you a **current high school senior**?



**Student:** Give this form to your high school counselor or other school official for completion.

**Counselor or designated school official:** I recommend an admission application fee deferral for the student named above. I base my recommendation on the following criteria (check all that apply):

- Student participates in or is eligible for a free or reduced lunch program.
- Student participates in or is eligible for a TRIO-type college preparatory program such as Upward Bound, Talent Search, EOP, HEP, etc.
- Student is a recipient of state assistance or U.S. Public Assistance.
- Student is eligible for College Board or NACAC fee waiver.

Name of counselor/agency official (please print)

Job title

Name of school/agency

Email

Signature of designated school/agency official

Are you a **transfer or current non-student**?



Please check all that apply. **You must supply documentation as indicated.**

- I am a current participant in an Equal Opportunity Program (EOP), TRIO, or other similar program at the college or university I am currently attending.  
**Documentation required:** Signed and dated statement from the institution's program director, including director's name, signature, title, and phone number.
- My Expected Family Contribution (EFC) is: \$0.  
**Documentation required:** Copy of part one of the FAFSA Student Aid Report (SAR) from the institution you are currently attending.
- I am a current recipient of U.S. Public Assistance (food stamps only or food stamps, cash, and medical assistance) or public assistance from my state.  
**Documentation required:** Signed and dated statement from your caseworker.
- I am currently classified as a dislocated worker.  
**Documentation required:** Copy of Determination of Dislocated Worker Form 1992B or other approved documentation.
- I have authorization and certification of entrance or re-entrance into rehabilitation.  
**Documentation required:** Federal form from the U.S. Department of Veterans Affairs.

Name of college/university now attending (if applicable)

## Student authorization

I request that Western Oregon University defers my admission application fee. This request is valid for applications submitted in the current academic year only. I understand that deferral means I do not need to pay the fee now, **but I will be required to pay the fee if I enroll.** If I receive financial aid, the \$60 application fee will be charged to my account.

Student signature

Date