OREGON PUBLIC UNIVERSITIES
Request for Deferral of Application Fee for Admission
To 2015-16 Academic Year

STUDENT INFORMATION

Student Name (please print) ____________________________ Social Security Number ____________________________

Address _____________________________________________ E-Mail Address ____________________________

City __________________ State ______ Zip Code __________ Telephone ____________________________

UNIVERSITY ADMISSION APPLICATION

Send this form with your completed admission application to no more than two (2) Oregon public universities of your choice. If you are applying to two institutions, be sure to attach an original form to both applications.

To: Admissions Office

Please indicate the campus(es) and term(s) for which you are requesting a fee deferral

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Oregon University (La Grande)</td>
<td>Oregon Institute Of Technology (Klamath Falls)</td>
<td>Oregon State University (Corvallis)</td>
<td>Portland State University (Portland)</td>
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<td>Southern Oregon University (Ashland)</td>
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<td>University of Oregon (Eugene)</td>
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<td>Western Oregon University (Monmouth)</td>
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STUDENT AUTHORIZATION

I request that you defer my university admission application fee. I understand that deferral means I do not need to pay the fee now, but I will be required to pay the fee when I enroll. If I am receiving financial aid, it will be charged to my account.

Student Signature ____________________________ Date __________

HIGH SCHOOL STUDENT SECTION  (transfer student section on next page)

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):

1. _______ Student is now eligible for, or participates in, a free-or reduced lunch program
2. _______ Student now participates in or is eligible for a TRIO-type college preparatory program such as Upward Bound, Talent Search, EOP, HEP, etc.
3. _______ Student is a current recipient of State of Oregon or U.S. Public Assistance
4. _______ Student is eligible for College Board fee waiver

Name of Counselor/Agency Official (please print) ____________________________ Job Title ____________________________

Name of School/Agency ____________________________ Address of School/Agency ____________________________

Original Signature of Designated School/Agency Official ____________________________ E-Mail Address ____________________________
TRANSFER STUDENT AND CURRENT NON-STUDENT SECTION

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: $___________**
Documentation Required: Copy of Part One of your Student Aid Report (SAR) from the institution you are currently attending.

___ I am a current recipient of State of Oregon or U.S. Public Assistance (food stamps only or food stamps, cash, and medical assistance).  
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.

** Institutions may limit the number of applicants who request deferral under this category.

Name of college/university now attending (if applicable)

________________________________________

Address of above-named college/university (if applicable)

________________________________________

________________________________________