

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	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Eastern Oregon University (La Grande) <input type="checkbox"/> Oregon Institute Of Technology (Klamath Falls) <input type="checkbox"/> Oregon State University (Corvallis) <input type="checkbox"/> Portland State University (Portland) <input type="checkbox"/> Southern Oregon University (Ashland) <input type="checkbox"/> University of Oregon (Eugene) <input type="checkbox"/> Western Oregon University (Monmouth)
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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
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**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
<b>Original</b> Signature of Designated School/Agency Official	E-Mail Address

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**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)

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

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