OREGON PUBLIC UNIVERSITIES
Request for Deferral of Application Fee for Admission

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:

Fall Winter Spring Summer

Eastern Oregon University (La Grande)
Oregon Institute Of Technology (Klamath Falls)
Oregon State University (Corvallis)
Portland State University (Portland)
Southern Oregon University (Ashland)
University of Oregon (Eugene)
Western Oregon University (Monmouth)

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)