

OREGON PUBLIC UNIVERSITIES
Request for Deferral of Application Fee for Admission
To 2007-08 Academic Year

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.*

___ 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)