



Request for Deferral of Application Fee for Admission
2017-2018 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 to: **Admissions Office**
Oregon Tech
3201 Campus Drive Klamath Falls, OR 97601
oit@oit.edu

Please indicate which term you are requesting a fee deferral.

_____ Fall _____ Winter _____ Spring _____ Summer

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. If I choose to not attend Oregon Tech, the deferred fee is waived and I am not charged.

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):

Student is now eligible for, or participates in, a free-or reduced lunch program

Student now participates in or is eligible for a TRIO-type college preparatory program such as Upward Bound, Talent Search, EOP, HEP, College Dreams, etc.

Student is a current recipient of state or U.S. Public Assistance

Student is eligible for ACRAO, College Board or NACAC 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 _____



Request for Deferral of Application Fee for Admission
2017-2018 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 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.

** Oregon Tech 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)
