

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 Western Oregon University

Please indicate the term(s) _____ Fall
for which you are _____ Winter
requesting a fee deferral _____ 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, the \$60 application fee will be charged to my account.

_____ Date _____
Student Signature

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 assistance or U.S. Public Assistance
4. _____ Student is eligible for College Board fee waiver

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

_____ Address of School/Agency _____
Name of School/Agency

_____ E-Mail Address _____
Original Signature of Designated School/Agency Official



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 U.S. Public Assistance (food stamps only or food stamps, cash, and medical assistance) or public assistance from my state.
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.

Name of college/university now attending (if applicable)

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