

OREGON PUBLIC UNIVERSITIES
Request for Deferral of Application Fee for Admission
to 2006-07 Academic Year

STUDENT INFORMATION

Student Name _____ (Please Print)		Social Security Number * _____
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	___	Eastern Oregon University	La Grande
		___	Oregon Institute of Technology	Klamath Falls
<i>Please indicate the campuses to which you are requesting a fee deferral.</i>		___	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 _____
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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 _____
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Name of school/agency _____	Address of school/agency _____
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Original signature of designated school/agency official

* See Oregon University System Social Security Number Disclosure and Consent Statement on facing page.

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)

OREGON UNIVERSITY SYSTEM SOCIAL SECURITY NUMBER DISCLOSURE AND CONSENT STATEMENT

You are requested to provide voluntarily your Social Security Number to assist OUS (and organizations conducting studies for or on behalf of OUS) in developing, validating, or administering predictive tests and assessments; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent workforce experiences. When conducting studies, OUS will disclose your Social Security Number only in a manner that does not permit personal identification of you by individuals other than representatives of OUS (or the organization conducting the study for OUS) and only if the information is destroyed when no longer needed for the purposes for which the study was conducted. By providing your Social Security Number, you are consenting to the uses identified above. This request is made pursuant to ORS 351.070 and 351.085. Provision of your Social Security Number and consent to its use are not required and, if you choose not to do so, you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the use of your Social Security Number at any time by writing to the registrar at the campus(es) to which you have applied for admission.