

WESTFIELD STATE UNIVERSITY
COLLEGE OF GRADUATE & CONTINUING EDUCATION
2020 SUMMER

REQUEST FOR DEFERMENT

Instructions: All students wishing to defer payment on Summer courses until the Fall semester when financial aid funds become available must complete this form and secure appropriate signatures as required: **Note: Grades and/or transcripts cannot be released and you will NOT be allowed to register for SUMMER OR FALL classes if your bill is NOT PAID IN FULL.**

Part I: To be completed by the student

Name _____

Student I.D.# _____

Have you applied for financial aid? _____

Number of credits for which you will be enrolled during:

Please check status

Summer	_____	_____	Commuter
Fall (Cont Ed)	_____	_____	Residential
Fall (full time day)	_____	_____	Freshman
		_____	Transfer

I **authorize** the WSU /DGCE department to apply any excess Fall financial aid money due me to my Summer billing.

I **agree** to abide by the college regulations including those governing payment of tuition and withdrawal from class.

I **accept** financial responsibility for all charges.

Signature _____ Date _____

Part II: To be completed by the Office of Continuing Education

Anticipated Summer II (2020) Charges \$ _____

Anticipated Fall (2020) Charges \$ _____

Signature _____ Date _____

Part III: To be completed by the Bursar (for full time day students)

Anticipated Fall (2020) Charges \$ _____ N/A _____

Signature _____ Date _____

Part IV: To be completed by the Financial Aid Office

Anticipated Fall (2020) Aid \$ _____

Signature _____ Date _____