

WESTFIELD STATE UNIVERSITY
COLLEGE OF GRADUATE & CONTINUING EDUCATION
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? _____

Summer R I L F W W G
Fall R I F U H G L W V

I authorize the WSU /CGCE department to apply any excess Fall financial aid money due 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 () Charges \$ _____
Anticipated Fall () Charges \$ _____
Signature _____ te Da _____

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

Anticipated Fall () Charges \$ _____ AN/ _____
Signature _____ ate D _____

Part IV: To be completed by the Financial Aid Office

Anticipated Fall () Aid \$ _____ B B B B B B B B B B
Signature _____ Date _____