



Request to Waive or Defer Undergraduate Admission Application Fee

Name				
LAST NAME	FIRST NAME	MIDDLE NAME		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;"> Birthdate <u> </u>/<u> </u>/<u> </u> MM / DD / YYYY </td> <td style="width: 65%;"> SSN <u> </u>-<u> </u>-<u> </u> </td> </tr> </table>			Birthdate <u> </u> / <u> </u> / <u> </u> MM / DD / YYYY	SSN <u> </u> - <u> </u> - <u> </u>
Birthdate <u> </u> / <u> </u> / <u> </u> MM / DD / YYYY	SSN <u> </u> - <u> </u> - <u> </u>			
Term Applying For:				
Have you completed an application for that term? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you pay? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Student must complete application up until the payment screen before submitting this form.</small>				
Request for fee waiver or deferment is based on (Check where applicable):				
<input type="checkbox"/> ACT Test Fee Waiver (will be charged to student account) <input type="checkbox"/> Free or Reduced Lunch (will be charged to student account) <input type="checkbox"/> Student participates in federally funded TRIO programs including Upward Bound, Talent Search, Student Support Services, etc. (will be waived)				
<p>This form is only available to current high school students who meet the above criteria or TRIO participants involved with either high school or college TRIO programs. Only students participating in federally-funded TRIO programs will have their application fee waived. Students who select the ACT Test Fee Waiver or Free or Reduced Lunch option will have their fee deferred to student account and are responsible for prompt payment of application fee.</p>				
I certify that all statements made on this application are true. I hereby consent to release of my financial aid and/or other educational records to the appropriate officials at the University of Central Oklahoma as may be necessary to confirm my financial need and inability to pay this fee.				
_____ Student Signature	_____ Date			
_____ Parent/Guardian Signature	_____ Date			
_____ Counselor/Principal Endorsement	_____ Date			
_____ Name of High School	_____ Graduation Year			