



Kenai Peninsula College

UNIVERSITY of ALASKA ANCHORAGE

Financial Aid Deferment Form

Bring the completed form to the Bookstore for deferment of tuition, fees, and books.

Semester (Check one): Fall Spring Summer 20____ _____
Social Security#/ Student ID #

Name: _____

Driver's License#: _____ Date of Birth: _____

Local address: _____

Permanent Address: _____

Phone#: _____ Email: _____

Most Recent Employer: _____ Phone # _____

Personal References

Spouse Name: _____ Reference: _____

Address: _____ Address: _____

City, State: _____ City/State: _____

Phone#: _____ Phone#: _____

Parent Name: _____ Reference: _____

Address: _____ Address: _____

City, State: _____ City/State: _____

Phone#: _____ Phone#: _____

ATTENTION: THIS DEFERMENT IS A DEBT THAT MUST BE REPAYED

I understand that any tuition, fees, and books I am charging against my financial aid become my responsibility should my aid not be approved. If I become ineligible for aid, I will by the end of the first week of classes, either: 1) Cancel my registration in the Bookstore w/appropriate forms, or 2) Pay all tuition and fees from my own funds. If I fail to drop or pay tuition & fees in full, I will be responsible for the total amount due, plus any collection costs incurred by the University. In the event that I decide to withdraw from school for any reason, I will officially withdraw by completing the necessary forms with the bookstore. I understand that a partial or complete drop after the first week of the full semester may not result in a refund to me or to any funding agency. (See dates in the class schedule for refund period.) I will be responsible for any changes remaining on my account after the drop form is processed.

Student Signature _____ Date _____

Office Use Only

Application Status:	Complete	Admit Pending----	Incomplete Items Outstanding
Pell Grant \$ _____	ASE Loan \$ _____	Tuition Wavier	\$ _____
SEOG Grants \$ _____	Scholarships \$ _____	Scholarship Type	\$ _____
Stafford loan \$ _____	Other Aid \$ _____	Other Type	\$ _____

FOA Approval: _____ Date: _____

Notes: