

Enrollment Deposit Fee Deferral Request
University of Wisconsin-Superior Undergraduate

Every undergraduate on-campus applicant coming for fall or spring semester is required to submit a \$100 enrollment deposit fee. To request a deferral of the enrollment deposit fee because of financial hardship, complete this form and submit it to the Office of Admissions, or mail to UW-Superior, PO Box 2000, Belknap & Catlin, Superior, WI 54880. Your request will be reviewed and a determination will be made regarding the deferral of the fee. This Enrollment deposit fee is still apart of your tuition, and this form does not exempt you from making the \$100 minimum payment due the first week of the semester.

APPLICANT:

Name: First _____ Middle Initial _____ Last _____

Street Address: _____ City/State/Zip Code: _____

Area Code & Phone Number: _____ Email Address: _____

Date of Birth (Month/Day/Year): _____ UW-Superior ID# _____

Please state the reasons you are requesting a deferral:

I certify that the information in this form is true and correct to the best of my knowledge, and that payment of the enrollment fee would pose a financial hardship. I authorize the Financial Aid Office to release information relating to my financial need to the Office of Admissions if requested.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (if applicant is under age 18): _____ Date: _____

VERIFYING OFFICIAL: To be completed by a school or agency official who can verify financial hardship. If you are in high school, ask your counselor or principal to complete the information below. If you have graduated from high school, ask an agency or university official to complete:

Name of Official: _____ Title: _____

Name of School/Agency/Educational Institution: _____

Area Code & Phone Number: _____ Email Address: _____

Please state your knowledge of the financial need of the applicant. (Examples of financial hardship may include, but not be limited to, unemployment (of parent/guardian if dependent, or of self if independent); participation in a free or reduced lunch program; and/or low income in relation to family size.):

Signature of Verifying Official: _____ Date: _____

FOR OFFICE USE ONLY

Admissions Official: _____ Date: _____ Deferral Granted Deferral Denied

Comments: