San Diego Community College District

Deferment Application

All questions must be answered before your application will be received.

Please use a ball point pen and press hard, as you are writing through several copies.

Name ________________________________________ Student ID# _______________________________

Address __________________________________ City ___________________________ State _____ Zip ____________

Phone (Home) ___________________ (Work) ___________________ E-mail ______________________________

Annual Income _______________ Place of Employment ___________________________________________________

Name of Supervisor _________________________________________________________________

Source(s) of Income _________________________________________________________________

Financial Aid and Registration Information (Appropriate documentation must be attached.)

I will be receiving: (Check all that apply)  Date Applied and Amount ______________________________

☐ Pell Grant  ☐ BOGW  ☐ Federal Direct Loan
☐ Military Educational Benefits (Montgomery GI Bill, Military Assistance Program)
☐ Other: _________________________________________________________________________________________

Are you a California Resident? ☐ Yes ☐ No

Semester of Registration: Spring 20 ____ Summer 20 ____ Fall 20 ____ I plan to register for ____ units this semester.

Date of Registration ________________________________  Amount to be Deferred _____________________________

In the space below, provide an explanation of unusual circumstances that require you to defer your fees (be specific).

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

I plan to repay the deferment (amount and date):

________________________________________________________________________________________________

________________________________________________________________________________________________

I acknowledge and certify that the above information is accurate and correct and further recognize that falsification of any information will disqualify me for a deferment. If approved for a deferment, I agree to make a partial payment of 50% of the total fees due upon submission of this Application, and final payment by the date indicated in the payment schedule in the box below.

I understand that I am still responsible for this financial obligation even if I drop, stop attending, or am administratively dropped from classes after the refund period (first two weeks of the semester).

Student Signature ________________________________________ Date ____________________________

Deferred fee payments can be mailed to:

SAN DIEGO CITY COLLEGE
Attn:  Accounting Office
1313 Park Boulevard
San Diego, CA 92101

SAN DIEGO MESA COLLEGE
Attn:  Accounting Office
7250 Mesa College Drive
San Diego, CA 92111

SAN DIEGO MIRAMAR COLLEGE
Attn:  Accounting Office
10440 Black Mountain Road
San Diego, CA 92126

OFFICIAL USE ONLY

Total Amount Deferred $_________________

Repayment Schedule: _________________________________________________________________

☐ Approved ☐ Denied

Signature of Dean / Vice President, Student Services ______________________________ Date ______________

Distribution: White - Accounting  Pink - VPSS Office  Yellow - Student  Goldenrod - Financial Aid/VA

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