



SCHDEF

Request for Scholarship Deferment

Please Use Black or Blue Ink

Student Name:	OSU Student ID (“A” plus 8 digits)						
	A						

1. The Office of Scholarships and Financial Aid can defer only multi-year tuition waivers and scholarships administered by our office. One-year awards cannot be deferred.
2. Most deferments are granted on the condition that **you do not attend any other educational institution** during the period of deferment. (EXCEPTIONS: When such attendance is required as part of an OSU-sponsored study abroad program, OSU-sponsored co-op or exchange program, or OSU-sponsored internship program.)
3. A deferment will be granted only if you have met the minimum credit hour and grade point average (GPA) requirement to retain your tuition waiver/scholarship. (NOTE: One-semester students are required to complete at least **one-half** of the required number of hours **and** maintain the required Overall GPA.)
4. Please attach any supporting documentation necessary to explain your absence.

Address/Phone: _____					
Street	City	State	Zip	Phone	
Please indicate the reason you are requesting a deferment:					
_____ CO-OP Program	_____ Study Abroad	_____ Internship			
Other (explain): _____					
Semester(s) you are requesting leave:					
<input type="checkbox"/> Fall 2018	<input type="checkbox"/> Spring 2019	<input type="checkbox"/> Fall 2019	<input type="checkbox"/> Spring 2020	<input type="checkbox"/> Fall 2020	<input type="checkbox"/> Spring 2021
<input type="checkbox"/> Fall 2021	<input type="checkbox"/> Spring 2022				
List scholarships you are currently receiving:					

By signing below, I certify that the above is accurate. I understand that any false or misleading statements may invalidate my deferment and that my scholarships and/or tuition waiver could be cancelled. I understand that I must meet the minimum credit hour and grade point average requirement specified for my scholarship and/or tuition waiver, as defined above, to receive a deferment. I also understand that I may not attend any other institution during the period of deferment except as provided above.	
Student's signature <i>(electronic signature not acceptable)</i>	Date

Please **complete the reverse side of this form** before submitting.

Student Name

OSU Student ID

Please provide a brief explanation of why you are requesting deferment:

Return to:
Office of Scholarships and Financial Aid
119 Student Union, Stillwater, OK 74078-5061
Fax: (405) 744-6438 *(if you fax, please do not mail the form)*
Email: finaid@okstate.edu
Upload: documents can be [uploaded](#) to your OSU portal

Questions?
Email: finaid@okstate.edu
Phone: (405) 744-6604
Web: financialaid.okstate.edu