

**SCHDEF**

Request for Scholarship Deferment

Please Use Black or Blue Ink

Student Legal 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:

☐ Fall 2025 ☐ Spring 2026 ☐ Fall 2026 ☐ Spring 2027 ☐ Fall 2027 ☐ Spring 2028 ☐ Fall 2028 ☐ Spring 2029

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 *(Stylus or ink pen only)*

Date

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

Student Legal Name

OSU Student ID _____

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

[illegible]

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