Southwestern College **Financial Aid Office**

2018-2019 Non-Resident Tuition Deferment Form

Last Name **First Name** **MI** **SWC ID Number**

I am a non-resident of the State of California and request that my tuition ($245/unit) and enrollment fees ($46/unit) be deferred until my financial aid package is reviewed and awarded. I will be enrolled in the following semester and am requesting a deferment for the following term (*check **one***): □ **Fall 2018** □ **Spring 2019** □ **Summer 2019**

STATEMENT OF FINANCIAL RESPONSIBILITY

1. I understand that receipt of a tuition deferment is not a guarantee that I will receive aid and does not prevent a hold from being placed on my student account.
2. I promise to pay Southwestern College my total financial obligation, including tuition and fees.
3. I understand and acknowledge that in order for the federal programs to cover my tuition and fees, all supporting documents for the Pell Grant and Direct Loans must be submitted as requested. Failure to do so will result in me paying **ALL** tuition and other fees as stated in this agreement.
4. I understand that the amount of federal funds specified on this form is **PROJECTED/ESTIMATED** based on my current information. Once my financial aid documents have been reviewed and my file awarded, the estimated amount could change and affect the balance owed to the Southwestern College Cashier's Office. If the amount of the financial aid credited to my Southwestern College student account is **GREATER THAN** fees owed, I will receive a refund for the difference.
5. I understand that all financial aid federal funds are credited to my account to cover the cost of tuition and enrollment fees.
6. I understand that in the event any anticipated funds are denied or are otherwise not forthcoming, or in the event that I cease attending Southwestern College for any reason, my total financial obligation shall become due and payable immediately.
7. I understand and acknowledge that failure to fully satisfy my total financial obligation may result in a hold on my account and a collection against me by Southwestern College. I understand and acknowledge that I am fully obligated and responsible for any and all charges associated with such collection.
8. I understand that the amount listed above is based solely on tuition and enrollment fees. **ALL OTHER FEES ARE EXCLUDED**. Final balance will be determined by the Cashier's Office.

Signing this form certifies that the information reported is complete and correct and that any false statement or failure to provide proof when asked may be cause for delay, denial, reduction or withdrawal of financial aid. **Warning: purposely giving false and/or misleading information may be cause for a fine, sentence to jail or both.**

Student Signature Date

***Financial Aid Office Use Only*:**

Number of registered units _____ x (Tuition + Enrollment Fees = $291) = $ _____

ESTIMATED total amount eligible for □ **Pell** $ _____

□ **Direct Loan** $ _____

ESTIMATED balance to be paid *TO* Student $ _____

ESTIMATED balance to be paid *BY* Student to the Cashier's Office by _____ $ _____

Financial Aid Administrator Signature Date