Southwestern College



Financial Aid Office

2019-2020 Non-Resident Tuition Deferment Form

La	st Name	First Name	MI	SWC ID Number	
de	ferred until my finan	cial aid package is reviewed for the following term (ch	ed and awarded. I wi	, 0	
1.		·		hat I will receive aid and does not prevent a ho	old
2. I promise to pay Southwestern College my total financial obligation, including tuition and fees.				cluding 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 enr fees.				
6.	I understand that in the event any anticipated funds are denied or are otherwise not forthcoming, or in the event that cease attending Southwestern College for any reason, my total financial obligation shall become due and payabl immediately.				
7.	I understand and acknowledge that failure to fully satisfy my total financial obligation may result in a hold on maccount 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 ARI EXCLUDED . Final balance will be determined by the Cashier's Office.				
pro	oof when asked may be	•	ction or withdrawal of t	ect and that any false statement or failure to provi financial aid. Warning: purposely giving false and/	
Stu	udent Signature	Date	-		
Fin	ancial Aid Office Use O	nly:			
FE	ES : Number of register	ed unitsx [Tuition	(\$245) + Enrollment Fee	es (\$46)] \$291 = \$	
ESTIMATED total amount eligible for Pell			\$		
		□ Direct L	oan	\$	
ES	TIMATED balance to be	e paid <u>TO</u> Student		\$	
ES	TIMATED balance to be	e paid <u>BY</u> Student to the Cash	nier's Office by	\$	

Financial Aid Administrator Signature

Date