

WESTFIELD STATE UNIVERSITY
COLLEGE OF GRADUATE & CONTINUING EDUCATION
2025

Winter/Spring

REQUEST FOR DEFERMENT

Instructions: All students wishing to defer payment on Winter courses until the Spring semester when financial aid funds become available must complete this form and secure appropriate signatures as required: **Note: Grades and/or transcripts cannot be released and you will NOT be allowed to register for SPRING classes if your bill is NOT PAID IN FULL.**

Part I: To be completed by the student

Name _____

Student I.D. # _____

Have you applied for financial aid? _____

Number of credits for which you will be enrolled during:

Please check status

Winter _____

Spring (CGCE) _____

Spring (Day Division) _____

_____ Commuter

_____ Residential

_____ Freshman

_____ Transfer

I **authorize** the WSU /CGCE department to apply any excess Spring financial aid money due me to my Winter billing.

I **agree** to abide by the college regulations including those governing payment of tuition and withdrawal from class.

I **accept** financial responsibility for all charges.

Signature _____ Date _____

Part II: To be completed by the Office of Continuing Education

Anticipated Winter (2025) Charges \$ _____

Anticipated Spring (2025) Charges \$ _____

Signature _____ Date _____

Part III: To be completed by the Bursar (for full time day students)

Anticipated Spring (2025) Charges \$ _____ N/A _____

Signature _____ Date _____

Part IV: To be completed by the Financial Aid Office

Anticipated Spring (2025) Aid \$ _____

Signature _____ Date _____