

Please sign application at bottom GVSU Company Deferment Plan www.gvsu.edu/studentaccounts

We can only accept the original (no copies or faxes).

(Please Print)

Student's Name _____ G # _____
Last First Middle

Address _____
No. Street City State Zip

Birth date ____/____/____ Home Phone (____) _____ Cell Phone (____) _____

Employer Name _____ Phone(____) _____

Employer Address _____

Expected Grad Date ____/____ Marital Status _____ Spouse's Name _____

Spouse's Employer _____ Phone(____) _____
Name City

Must be completed by all applicants:

Reference #1 (address must be different from yours and from reference #2).

Name _____ Phone(____) _____

Address _____
No Street City State Zip

Reference #2 (address must be different from your s and from reference #1).

Name _____ Phone(____) _____

Address _____
No Street City State Zip

CERTIFICATION: If granted a Company Deferment Plan by GVSU, I understand and agree that:

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1. A \$40 service fee will be assessed for each semester a student is placed on a deferment plan. This fee is non-refundable.
 2. Students on academic probation or in jeopardy of suspension are not eligible to participate in the deferment plan.
 3. Rights to participate in future GVSU deferment plans will be lost if an installment is not paid when due.
 4. You will not be allowed to register for future semesters if your account is not paid in full or you have not made deferment arrangements.
 5. If your student account is not paid when due, you will be responsible to pay all late fees, collection costs and attorney fees. Delinquent accounts will be sent to a collection agency.
 6. All deferment requests are subject to approval by GVSU.
 7. If you default on your payments, GVSU may disclose that you have defaulted, along with other relevant information, to credit reporting agencies.

Company Employee Applicants: Attach a current letter from your employer verifying your employment and eligibility each semester. Payment in full must be received by the due date, whether or not you have been reimbursed by your employer. Any courses you withdraw from will become due and payable at that time.

Date ____/____/____ **Student Signature** **X** _____

Payment must accompany this application.
