

STEPS TO FINANCIAL AID DEFERMENT

- 1 Complete the meal plan contract.
- 2 Complete the Dining Services Deferment Request for Financial Aid.
- 3 Take the Deferment Verification Form to the Financial Aid Office and have your Financial Aid Counselor fill out and sign form.***
- 4 Turn ALL documents, along with the Deferment Deposit (\$450.00 & \$25.00 Admin. Fee) to the Dining Services Office.
- 5 Pay the remaining balance of your Fall meal plan by October 12, 2009.
- 6 Complete above procedure for your Spring Dining Membership and pay the balance by February 22, 2010.

*** (Please note the Financial Aid Office is unable to complete the Financial Aid Counselor Form until the student's tuition and fees have been assessed. This is usually done in the middle to late July.)

*** Also, note that if your balance is unpaid by the above dates then your meal plan will be placed on hold.

UCF Dining Services

2009-2010 Deferment Request for Fall and Spring

Name (Print): _____

PID #: _____

Permanent Address _____

City _____

State _____

Zip _____

Student ID #: **5857 1921** _____

Local PO Box _____

I am requesting a deferment of my 2009-2010 Meal Plan until Friday, October 12, 2009 for the Fall and for the Spring by February 22, 2010 due to a financial need.

IF THIS DEFERMENT IS *APPROVED*, I UNDERSTAND AND AGREE TO THE FOLLOWING:

A deferment is a granted temporary extension of the original payment deadline. Deferments are granted on a case by case basis. UCF Dining Services is granting this deferment in good faith and expects to be paid in full by the set deadline. If the request for deferment is denied then, the patron is given a grace period to make other arrangements. A down payment (\$450) with deferment fee (\$25.00) is paid during signup and appropriate paperwork including proof of financial assistance must be filed with the understanding that the request for deferment will be considered. If approved then, the deferred balance must be paid by October 12, 2009 for the Fall and February 22, 2010 for the Spring. Otherwise, the delinquent account will be deactivated and placed on academic hold until payment in full is received.

- a) **All meal plan participants are signing up for a two semester contract.** Those who request and whom are approved for this deferment option, agree to pay the entire balance of the Fall 2009 meal plan by October 12, 2009 and pay the Spring balance by February 22, 2010.
- b) Any unpaid balances will subject the meal plan participant to *academic hold*, which will prevent use of the meal plan, restrict use of campus facilities, and prohibit registration for upcoming classes. A \$50 late fee will be assessed for each late payment after the deadline.
- c) **September 11, 2009 at 5 p.m. is the last day of the grace period for the Fall and January 25, 2010 at 5 p.m. is the last day of the grace period for the Spring to change your meal plan and receive a pro-rated refund less a \$100 service charge. After the grace period expires refunds will not be accepted.**
- d) Downgrades must be submitted in writing on a change request form.
- e) Changes must be requested within the grace period stated above, otherwise full payment is due. Delinquent accounts will be re-activated immediately when paid in full.
- f) If paying by Deferment, you must submit a completed Financial Aid Confirmation of Funds form to UCF Dining Services.
- g) **Financial Aid does NOT pay Dining Services, it is the patrons' responsibility to pay UCF Dining Services directly for the remaining balance.** The customer receipt will serve as an invoice for the balance due on October 12, 2009 for the Fall and for the Spring by February 22, 2010.
- h) Dining Dollars availability will be held until payment in full is received.
- i) **ALL DEPOSITS ARE DUE AT THE TIME THE DINING MEMBERSHIP APPLICATION IS SUBMITTED TO UCF DINING SERVICES.**

_____ Initial, Yes I have submitted the \$450 deposit and the financial aid paperwork necessary to complete the deferment request.

X _____ ()
 Student Signature Birth date Local Phone Number

X _____ ()
 Guardian Signature required Date Home Phone Number
 [If student is under 18yrs of age]

Questions: Please call UCF Dining Services at (407) 823-2651 or Fax: (407) 823-0053

For Official Use Only:

Approved _____ Denied _____ by _____
 Check # _____ Receipt _____
 (make copy of check and attach)
 Credit Card (VISA/MC/DISC) _____ - _____ - _____ - _____
 exp _____ security code _____
 loc:2009-2010defermentform/SZ

Cost of Meal Plan	\$ _____
Deposit paid	\$ 450.00
Deferment Fee	\$ 25.00
Amount Deferred	\$ _____
Misc.	\$ _____

UCF Dining Services

UCF DINING SERVICES
4,000 CENTRAL FLORIDA BLVD. SRC 109
P.O. Box 168017
ORLANDO, FLORIDA 32816

TELEPHONE: (407) 823-2651
FAX: (407) 823-0053
WWW.UCFDINING.COM

DEFERMENT REQUEST FORM FINANCIAL AID CONFIRMATION OF FUNDS

STUDENT: _____

PID: _____

Local Address: _____

E-mail Address: _____

I authorize the release of my financial aid information to UCF Dining Services for the purpose of verifying funds for the deferment meal plan payment. _____

Student Signature

Date

ATTENTION: FINANCIAL AID DOES NOT PAY UCF DINING SERVICES.

THE STUDENT IS RESPONSIBLE FOR PAYING UCF DINING SERVICES.

PLEASE BE ADVISED THAT THE ABOVE NAMED STUDENT WILL RECEIVE THE FOLLOWING TYPE(S) OF FINANCIAL AID ON THE APPROXIMATE DATE(S) GIVEN:

Fall Semester Aid _____

Spring Semester Aid _____

Total Aid _____

Total debts owed to UCF (*minus*) (_____)

Approximate Refund _____

Student's financial aid file is:

Complete

Incomplete

FINANCIAL AID SIGNATURE

NOTE: This form must be signed by a Coordinator, Assistant or Associate Director of Financial Aid ONLY. Financial Aid Coordinator, Assistant or Associate Director's business card must be attached to this form. (No exceptions will be allowed.)