

# ARIZONA ASSURANCE DEFERMENT REQUEST FORM

2017-2018

STUDENT LAST NAME:	FIRST:	MI:	STUDENT ID #:
PHONE:	E-MAIL:	<input type="checkbox"/> GATES	<input type="checkbox"/> NATIVE AMERICAN

## SECTION A: PLEASE CHECK THE REASON FOR YOUR DEFERMENT REQUEST:

- Religious Mission
  - Involuntary U.S. Military Service
  - Non-UA-Sponsored Study Abroad program, internship or volunteer program related to major, future career goals and unique to college students only
  - Students' own medical or physical illness, injury or disability - **See the Arizona Assurance Deferment Request Process**
  - Other circumstances beyond the student's control - **Please describe below:**
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## SECTION B: PLEASE CHECK THE SEMESTER(S) YOU WILL BE AWAY FROM UA:

- Fall 2017
- Spring 2018

## SECTION C: PLEASE CHECK THE SEMESTER YOU WILL RETURN TO UA:

- Spring 2018
- Fall 2019

### CERTIFICATION STATEMENT

I certify that:

- 1) I have read the Arizona Assurance Deferment Process at: <http://financialaid.arizona.edu/managing-my-aid/arizona-assurance-deferment-policy-and-form>
- 2) I understand the Committee's decision is final and cannot be overturned or re-appealed.
- 3) I understand submission of this appeal does not guarantee approval.
- 4) All of the information provided with the submission of this appeal is true and complete to the best of my knowledge.
- 5) If necessary, I agree to provide further proof of the information that I have given, and
- 6) That my appeal may be denied for failure to substantiate my circumstances or for lack of documentation.

Signature \_\_\_\_\_ Date \_\_\_\_\_