

A fee deferral is an extension of the fee payment deadline, and can be granted to applicants who meet the eligibility requirements listed below. If your fee deferral application is approved, it will be noted in your student account under *Holds*. Monitor your student account for the status of your application.

The fee deferral expiry date is October 29, 2024. Approved fee deferral applicants are responsible for ensuring that they pay all fees in full by this date. Outstanding balances after this date will be subject to late payment fees and accounts receivable holds.

Fee Deferral Application Deadline: To avoid de-registration: August 1 , 2024
 After de-registration: October 2 , 2024

STUDENT NUMBER	
FIRST NAME	LAST NAME

Minimum Fee Deferral Eligibility Requirements – SELECT THE ONE THAT APPLIES TO YOU

You have an approved funding letter (e.g. Notice of Assessment) from a Canadian out-of-province government student loan program or the Sallie Mae U.S. loan program for the Fall 2024 term. You must attach a copy of your funding approval letter to this application.

If you are approved for StudentAid BC funding, you cannot use this form. Apply for a fee deferral online through your [myCapU Account](#).

OR

You have an approved scholarship or award from a donor outside of Capilano University that meets or exceeds the fees you owe for the Fall 2024 term and the award is payable directly to Capilano University. You must attach proof of your award to this application.

OR

You are approved to receive Work BC Skills Development Employment Benefits funding that meets or exceeds the fees you owe for the Fall term. You must attach a copy of your benefit approval letter and case manager’s contact information to this application.

Sponsorship recipients (e.g. Indigenous band funding) who do not meet the eligibility requirements listed above should contact Student Financial Accounts (sfa@capilanou.ca) to discuss options.

Applicant Declaration

I declare that the information on this request is true and complete to the best of my knowledge. I authorize Financial Aid and Awards to verify any information as required. I acknowledge that I am responsible for payment of any outstanding fees on my student account regardless of whether any anticipated funding noted on this application be denied, postponed, or withheld for any reason. I acknowledge that I am responsible for the full payment of fees and am subject to University fee policy, even with an authorized fee deferral, which has an expiry date. I understand that it is my responsibility to ensure my registration record is accurate and up-to-date, and that I am responsible for dropping or withdrawing from courses as per the published University deadlines. **Should I subsequently drop or withdraw from courses, I acknowledge that I am responsible for payment of my fees and/or any penalty assessment.** I agree to the collection and exchange of this information between Financial Aid and Awards, Financial Services and other Capilano University departments, as required.

APPLICANT SIGNATURE	DATE
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Submit this form and your proof of funding to: finaid@capilanou.ca (PDF only)