

PAYMENT DEFERRAL

for students funded by outside agencies

Please complete and email this form to registration@btc.edu.

Please Print Clear	ly					
Today's Date Last Name			First Name			Middle Initial
ctcLink ID Numbe	er	Phone Number		Email Add	dress	
Quarter/Yr for v	which payment is	delayed: 🖵 Fal	ı	Winter	🗖 Spring	□ Summer
Agency—please	e select one					
 □ AmeriCorps □ DVR (Division of Vocational Rehabilitation) □ L&I (Labor & Industries) □ LIBC (Lummi Indian Business Council) □ Other (identify) 				NWDC (Northwest Development Council) Trade Act Adjustment (Employment Security) GET Scholarship NACTEP (Nooksack Tribe)		
Other (iden	tify)					
I understand the 1. Contact 2. Ensure Office. I also understa am responsible • Par • Wi • Po	nd that if I don't r	resentative; and documentation receive my experies owed, or lasses, or number of class understanding ar	cted aid c es and pa nd accept	or I am four y tuition an	nd ineligible for nd fees owed. e terms of this P	funding assistance, I Payment Deferral
Student Signature			Date			
OR OFFICE USE	ONLY:					
nyment Due Da	ate:		Funding	or paymen	t must be receive	ed no later than ten (10
	today s date.					

Copies: **Original**—Registration

Copy—Student **Copy**—Business Office