

REQUEST FOR PAYMENT DEFERMENT

DATE: ____/____/____

ID# _____

I, _____, am requesting to have my payments deferred
(STUDENTS NAME)
till ____/____/____ (3 month max).

I will start payments again on ____/____/____, at that time I will send a payment
of \$ _____.__ USD.

**I acknowledge, by signature, that if my deferment is delayed with out contacting
American Century University, I will no longer be eligible for future deferments and
my be dropped from my program.**

STUDENTS SIGNATURE

THIS FORM MUST BE EITHER MAILED OR FAXED BACK, NO EMAIL!!!

FOR OFFICE USE ONLY

APPROVED

DENIED

1st Request

2nd Request

3rd Request

Miquella Herrera, Registrar

____/____/____
Date

FOR TUITION STATEMENT

(STUDENTS DO NOT FILL OUT)

____/____/____
Date

ID#: _____
Student's Name

Student will send payment on ____/____/____ in the amount of \$ _____ USD.

Approved by: Miquella Herrera

1st Request

2nd Request

3rd Request