



Financial Aid Deferment Form for the _____ Semester

Return form to mocscard@utc.edu

Student Last Name: _____ First Name: _____ Middle: _____

UTC ID: _____

Phone Number: (____) - _____ - _____ Cell Phone Number: (____) - _____ - _____

Email Address: _____

Meal Plan Selection: _____ Cost: _____
Plus 9.25% sales tax

Terms and Conditions:

- UTC will automatically charge my student account for the cost of the meal plan selection.
- If by any chance the meal plan cost exceeds the amount of aid available, UTC will contact the student and/or parent to work out payment and/or discuss options.
- Meal plan changes can only be requested during the first 2 weeks of the semester by sending an email to mocscard@utc.edu. Cancellations can only be requested if you withdraw from the university within the first 4 weeks of the semester. Refunds, if granted, are based off usage.

I hereby certify that I have read the terms and conditions of Financial Aid Deferments and fully understand and agree with all terms.

SIGNATURE

DATE