



**OSAP TUITION DEFERRAL
PROMISSORY NOTE**

THIS FORM IS TO BE USED BY STUDENTS WHO HAVE APPLIED FOR OSAP.

SIN: _____ STUDENT NO: _____

NAME: _____

PROGRAM: _____

PHONE NO: _____

DECLARATION:

1. Please accept this \$100.00 as my non-refundable deferral fee. I understand that this \$100 payment will be applied towards my tuition and will allow me to register in the program.
2. I understand that a deferral delays payment of tuition fees only until I receive *any OSAP loans and/or grants* that I am awarded. If I do not receive OSAP or the amount of OSAP received is less than tuition outstanding, I am responsible to pay the balance of tuition owing immediately.
3. Receiving a tuition deferral does not guarantee that I will be eligible for any OSAP loans and/or grants.
4. If I do not receive OSAP and/or decide not to attend St. Clair College, I am still responsible for payment of all fees (unless I officially withdraw from St. Clair College within the first ten days of classes).

Signature

Date

Approval – Financial Aid Office

Date