



## Testing Charges Waiver/Deferral Guidelines Student Sycamore Building

337-421-6550  
onestop@sowela.edu

It is our commitment that testing charges never stand in the way of a student choosing SOWELA Technical Community College to pursue their academic goals. However, we do request you carefully and honestly assess your ability to pay these charges and request a Waiver or a Deferral only when necessary. Testing waivers will only be granted one (1) per student. If a student decides to retest it will become the student's responsibility to pay the testing fee.

Testing charges include but are not limited to ACCUPLACER exams. A Testing Waiver/Deferral Application must be completed and submitted to the Financial Aid Office located in the Sycamore Building. Be sure to include appropriate documentation (see below). Falsifying information on this Application will result in immediate denial and may be grounds for sanctions as outlined under the Academic Honesty Policy

Anyone requesting a Testing Charge Waiver or Deferral at SOWELA will be required to fill out the attached Testing Charge Waiver/Deferral Application and complete the following steps:

- Apply for Admissions by completing an online application.
- Complete the Free Application for Federal Student Aid (FAFSA) or submit a copy of the student, parent, or guardian's most recent tax return and agree to complete the FAFSA upon enrollment.
- List all scholarships/aid you expect to receive and the amount you expect.
- Explain how you plan to pay tuition and/or fees that are not covered by scholarships or financial aid.

Current high school students wishing to be dually or concurrently enrolled at SOWELA are not required to complete the steps above but must verify a significant economic hardship exists, such as eligibility to receive free or reduced lunch.

SOWELA considers issuing waivers and/or deferrals to students suffering from significant economic hardship. This includes the following extenuating circumstances:

- Temporary loss of income or employment
- Temporary loss of income or employment of a parent(s) or spouse
- Unexpected medical expenses
- Recent death of a parent, spouse, or guardian
- Displacement or damage due to natural disaster
- Loss of income due to long-term disability
- Classified as a wounded warrior or a disabled veteran by the Department of Veteran Affairs
- Other extenuating circumstances not listed above will be considered at the time of review.

Approval of Testing Charge Waivers must be granted by the following offices: the Office of Financial Aid, and the Business Office.

Once the decision has been made, the student will be notified.

- If the Miscellaneous Charge Waiver/Deferral is "**WAIVED**", the student's account will be credited to reflect the approved amount of the waiver.
- If the Miscellaneous Charge Waiver/Deferral is "**DEFERRED**", the charge will be deferred and either paid with Scholarship Funds, Loans, and/or Financial Aid or at a future specified date.
- If the Miscellaneous Charge Waiver/Deferral is "**Pending additional documentation**", the student will need to provide additional information before a final decision is made.
- If the Miscellaneous Charge Waiver/Deferral is "**Denied**", the student is responsible for paying the charge(s).



# TESTING WAIVER/DEFERRAL APPLICATION

337-421-6550  
onestop@sowela.edu

Name \_\_\_\_\_ Student ID or D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Semester/Year Applying for: \_\_\_\_\_ Completed FAFSA: Yes \_\_\_\_\_ No \_\_\_\_\_

List Anticipated Aid Sources: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Current High School Student: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, do you receive Free or Reduced Lunch?: Yes \_\_\_\_\_ No \_\_\_\_\_

Specify Charge Request: Accuplacer Placement Exam \_\_\_\_\_ Other (list) \_\_\_\_\_

Specify Request: Fee Deferral (Pay Later) \_\_\_\_\_ Fee Waiver \_\_\_\_\_

**If Requesting a WAIVER, select your extenuating circumstance:**

- Temporary loss of income or employment
- Temporary loss of income or employment of a parent(s) or spouse
- Unexpected medical expenses
- Recent death of a parent, spouse or guardian
- Displacement or damage due to natural disaster
- Loss of income due to long-term disability
- Other extenuating circumstances not listed above will be considered at the time of review

Describe the significant hardship. Please be as complete as possible. Also, attach the appropriate documentation needed to support the reason you checked above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Attached is the supporting documentation.
- I have reviewed the information contained in this document and **BY SIGNING BELOW, I UNDERSTAND THE GUIDELINES OF MY REQUEST.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

- Deferral Approved
- Waiver Approved
- Pending Additional Documentation

\_\_\_\_\_  
Office of Financial Aid

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Office

\_\_\_\_\_  
Date