

PACT PLAN DEFERMENT REQUEST FORM

The University of Alabama Cooperative Education Program

Name _____

CWID _____

Cell Phone _____

Email Address _____

I DO NOT want my PACT Plan Award to pay for my Co-op Tuition for the following semester:

_____Spring _____Summer _____Fall

Please email, fax, or take this form to Kim Lake at Student Receivables before the tuition deadline for each semester you Co-op.

Kim lake
Student Receivables
Email klake@fa.ua.edu
Fax 205/358-9222

If you have any questions please contact Ms. Lake at 205/348-8307.