

2019 DEFER ADMISSION REQUEST FORM

This section to be completed by the student

Name _____

Banner ID #: _____ U.S. Citizen or Permanent Resident: Yes No

Address: _____

City State Zip Code

Home Telephone: _____ Email Address: _____

Reason for deferral: _____

Please indicate the School/Program to which you seek deferred admission:

Term you were admitted to: Spring 2019 Summer 2019 Fall 2019 Spring 2020

Term you wish to defer to/term you expect to return and enroll in courses:

Fall 2019 Spring 2020 Fall 2020

University policy states that admitted students have one year to enroll in courses before admission status expires. The School of Graduate Studies will notify the student of this time limitation. If you have already been registered for classes, please make sure your department drops you from all courses before add and drop ends.

Digital Signature: _____

This section to be completed by the Department

Please indicate below the type of financial support the student was offered from your department:

None

Graduate Assistantship/Amount: \$ _____ per semester

In-State Tuition Award/Amount: \$ _____ per semester

Out-of-State Tuition Remission: \$ _____ per semester

Other: _____ Amount: \$ _____ per semester

If financial assistance was offered, please indicate whether this assistance will be available if admission is deferred until the term specified above.

Yes, the same financial arrangements are available

Assistance is available, but the terms will be revised upon the student's enrollment

No, the financial arrangement offered is no longer valid.

Digital Signature: _____ (Dean or Department Chair)

Digital Signature: _____ Dean (School of Graduate Studies)