

DEFERRAL REQUEST FORM

APPLICANT'S FULL NAME:
BANNER NUMBER: B00
FIELD OF STUDY:
<input type="checkbox"/> MASTER OF _____ <input type="checkbox"/> DOCTORAL <input type="checkbox"/> QUALIFYING YEAR <input type="checkbox"/> SPECIAL STUDENT GRADUATE STUDIES

ORIGINAL ADMISSION TERM:
TERM TO BE DEFERRED TO:
REASON FOR DEFERRAL:
<input type="checkbox"/> PLEASE CHECK TO CONFIRM THAT THIS IS THE FIRST (AND ONLY) DEFERRAL FOR THIS STUDENT
<input type="checkbox"/> PLEASE CHECK TO INDICATE THIS DEFERRAL IS NOT FOR A COMBINED DEGREE PROGRAM
<input type="checkbox"/> PLEASE CHECK TO INDICATE STUDENT IS NOT REGISTERED IN THE TERM TO BE DEFERRED

DEPARTMENTS: PLEASE INFORM STUDENTS THAT ANY DEFERRAL MAY HAVE FINANCIAL IMPLICATIONS.

DEPARTMENTAL RECOMMENDATION	
GRADUATE COORDINATOR'S SIGNATURE:	DATE:

FGS USE ONLY	
CONDITION OF ADMISSION AND/OR COMMENTS:	
FGS SIGNATURE:	DATE: