

## Admissions Deferral Form

Student #		Date of Birth (DD/MM/YYYY)	
First Name		Telephone #	
Last Name		E-mail	

### Important Information

Deferral requests are only available within the same academic year (e.g., September, January, and May semesters)

### Program

 EAPP iUPP MAPP

### The semester as outlined in your Letter of Acceptance

 September \_\_\_\_\_  
Year January \_\_\_\_\_  
Year May \_\_\_\_\_  
Year

### The semester that you are requesting to defer to

 September \_\_\_\_\_  
Year January \_\_\_\_\_  
Year May \_\_\_\_\_  
Year

**Reason for deferral:** \_\_\_\_\_ (Attach supporting documentation)

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

\_\_\_\_\_  
Date

Office use only	Date received	Note
<input type="checkbox"/> Processed <input type="checkbox"/> Student Notified		