

## Office of the Registrar EduGlobal College

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## **Admissions Deferral Form**

Student #	Date	of Birth (DD/MM/YYYY)	
First Name	Telep	hone #	
Last Name	E-ma	il	
Important Information  Deferral requests are only available	within the same academic yea	ar (e.g., September,	January, and May semesters)
Program			
EAPP	iUPP	MAPP	
The semester as outlined	l in your Letter of Acc	ceptance	
SeptemberYear	JanuaryYear	May	Year
The semester that you are	e requesting to defer to		
SeptemberYear	JanuaryYear	May	Year Year
Reason for deferral: (Attach supporting documentation)			
Signature of Student			Date
Office use only	Data received		Note
Office use only Processed	Date received		Note
Student Notified			