Graduate Admission Deferment/Change of Term Request

To be completed by the graduate student:

1. Name 2. E-Number

3. Date of Birth 4. Degree Program

4. I have been admitted for official admission Fall 2018

   and request a deferral to Fall 2018

5. Reason for deferral:

To be completed by the Program Coordinator:

◯ Approved ◯ Denied Reason:

_____ _____

Signature Date

Graduate Coordinators: Please send to the appropriate Graduate Program Specialist in the School of Graduate Studies within one week of request.

School of Graduate Studies:

Recorded: and forwarded to:

☐ International Office (if applicable) ☐ Scholarship Office

☐ Graduate Office Manager____ ☐ Applicant

☐ Graduate Program Coordinator ☐ Other_____