STATE UNIVERSITY OF NEW YORK
NEW PALTZ
THE GRADUATE SCHOOL

1 Hawk Drive ■ New Paltz, NY 12561-2443 ■ (845) 257-3947 ■ fax (845) 257-3284

REQUEST FOR DEFERRAL OF MATRICULATION

Date _____

Student ID N_____

Name _____
Last *First*

Major _____

Address _____

Concentration _____

City _____ State _____ Zip _____

Advisor _____

Semester Accepted _____

Deferral Policy:
Graduate program acceptance and matriculation is for the semester indicated in the student's acceptance letter. Students who do not enroll in the semester for which they are accepted forfeit their place in the program. Students who have forfeited acceptance into a program have up to one year to request that their acceptance be reinstated. However, granting this request remains at the discretion of the program. After that point, it will be necessary to reapply.

Request a deferral of matriculation for one semester or one year.

From _____ To _____

Briefly describe your reason for requesting a deferral of matriculation:

_____

_____

_____

_____

_____

_____

I certify that I understand the conditions of this request.

Student's Signature_____ Date _____

Submit completed form to the Department Chair / Graduate Program Director for Approval

Approved: ☐ One Semester ☐ One Year
☐ Denied

Signature _____ Date _____

Department Representative: Submit completed form to The Graduate School for final approval

☐ Concurrence ☐ Denial
☐ Other_____

Dean's Signature_____ Date _____