REQUEST FOR DEFERRAL OF MATRICULATION

Date ____________________________
Student ID N ______________________
Major ____________________________
Concentration ____________________
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 Graduate and Extended Learning for final approval
☐ Concurrence ☐ Denial
☐ Other _______________________________________________________

Asst. Vice President Signature ____________________________ Date ______________