

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

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ID Number

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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:**

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I certify that I understand the conditions of this request.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student: Submit completed form to the Department Chair / Graduate Program Director for approval**

Approved:  One Semester  One Year  Denied

Chair/Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Representative: Submit completed form to Graduate & Extended Learning for final approval**

Concurrence  Denial  Other \_\_\_\_\_

AVP's Signature \_\_\_\_\_ Date \_\_\_\_\_