



**International American University — College of Medicine**

Website: [www.iau.edu.lc](http://www.iau.edu.lc)

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Admissions Office: 5999 Summerside Drive, Suite 220, Dallas , TX 75252

# Admission Deferral Request Form

*Please print legibly. All items must be completed.*

1. Student's Name: \_\_\_\_\_  
Last (Family)                      First                      Middle

2. Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City                      State                      Postal or Zip code                      Country

3. Phone Number: \_\_\_\_\_ 4. E-mail: \_\_\_\_\_

5. Admitted for:                      Fall 20 \_\_\_\_      Spring 20 \_\_\_\_      Summer 20 \_\_\_\_

6. Please defer my admission to:      Fall 20 \_\_\_\_      Spring 20 \_\_\_\_      Summer 20 \_\_\_\_

7. Please state the reason you wish to defer your admission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deferment requests will be considered on a case by case basis. Deferments will be granted only if space is available in the requested semester. Students requesting to defer their date of admission must submit this document along with a US \$500 non-refundable deferment fee to the Admissions Committee. If approved, the seat deposit and deferment fee will be credited toward the first semester's tuition. Students may only defer two semesters and only one deferment request will be honored. In the event the student is still unable to attend the deferred semester, s/he will forfeit their seat deposit and deferment fee and be required to reapply for admission.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_