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 ____________________________