

Admission Deferral Request Form *Please print legibly. All items must be completed.*

1.	Student's Name:	Last (Family)		First	Middle	
2.	Current Mailing Ad	ldress:				
	City	State	Postal or	Zip code	Country	
3.	Phone Number:		4. E-m			
5.	Admitted for:		Fall 20	Spring 20	Summer 20	
6.	Pleasedefermya	dmission to:	Fall 20	Spring 20	Summer 20	
7· 						
av th ap St	railable in the reque is document along oproved, the seat of udents may only de	ested semester with a US \$50 leposit and de fer two semeste e to attend the c	Students re o non-refund eferment fee ers and only of deferred sem	questing to defer the dable deferment fe will be credited one deferment requ	ments will begranted on neir date of admission met othe Admissions Con coward the first semeste est will be honored. Intheit their seat deposit and	nust submit nmittee. If er's tuition ne event the
St	tudent Signature	<u>.</u>		Date		