



Admission Deferment Form

Student Name: _____

Date: _____
(MM/DD/YY)

Student ID: _____

Program of Study: _____

Please update mailing address and phone number if it has changed since you last submitted an application.

Mailing Address: _____

 City zip

Contact phone number: _____

Defer my enrollment to: Fall _____ Spring _____ Summer _____

Reasons for deferring my admissions:

Desired courses is full.

Financial Aid is not available at this time.

I have not submitted my FAFSA yet.

Medical Issues

Daycare issues

My college transcripts have not yet been evaluated.

I am having an issue getting my high school or college transcripts.

Other reasons: _____

I understand that I will need to wait until the admissions office contacts me about the change of my attended semester of enrollment that I have indicated on this form. This could take 5-7 business days to process.

Student Signature: By signing my name above, I confirm I am the individual.

Date: (MM/DD/YY)

OFFICE USE ONLY

Admit/Student _____ Residency: _____

Type: MMR 1#: _____ MMR 2#: _____ APP \$: _____