



GRADUATE ADMISSION DEFERRAL

Please complete Sections A, B, Your signature is required. **RETURN TO:** Graduate Student Services Office, Nazareth College, 4245 East Avenue, Rochester, NY 14618 OR **FAX** to 585-389-2817.

SECTION A: STUDENT INFORMATION

NAME: _____ U.S.Citizen or Green Card Holder International Student
 NAZARETH ID #: _____ TELEPHONE _____ EMAIL _____
 ADDRESS: _____

 PROGRAM OF STUDY: _____
 REASON FOR DEFERRAL _____

SECTION B: STUDENT ADMISSION DEFERRAL REQUEST

You may defer your admission for up to one year

I was accepted for

- Fall 20__
- Spring 20__

Please defer my admission until:

- Spring 20__
- Fall 20__

ENROLLMENT DEPOSIT

:

- My enrollment \$100 deposit was enclosed with my original Intent to Enroll Form & will transfer to my new Start-Term.
- My \$100 enrollment deposit is enclosed (this is **required** to be eligible for registration. It is **non-refundable** and will be deducted from your first tuition bill)

Please note: : I realize that deferring my start-term may have an impact on my program, and further that I need to see my advisor regarding such an effect. Deferral Requests will be reviewed by the Graduate Student Services and referred to the appropriate Program Director when necessary.

Student Signature

date

SECTION C: For Office Use Only

Referred to Appropriate Program Director: _____ Dept _____ [Not required _____]
 Approved Not Approved

Comments: _____

Office of Graduate Student Services: Approved Not Approved

signature

Grad Student Service Representative

date

(rev. 10/03)

- office copy Student Copy Program Director
- Ctr. For International Education copy (if applicatble)

For Office Use Only:
 Initials: _____
 Date: _____