DELAWARE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES AND RESEARCH
REQUEST FOR ADMISSION DEFERMENT

I, _____ Student Name D# _____

hereby request an admission deferment through_____, 20_____from the _____
(Major/Concentration/Degree Program)

I plan to enroll for the_____20_____Term or Session.

I understand that I must meet all admission requirements in order to qualify for deferment. Additionally, I may request a deferral of up to one academic year subject to the approval of my program administrators, as noted below. As a deferred student, I am subject to any program changes that have been implemented during my deferment and any funding offers made at the time of the initial offer are no longer binding. Failure to adhere to enroll by the prescribe timeline will result in reapplication to the program.

_____
Student Signature Date

The Program Administrators have discussed this request and recommend /deny (circle one) its approval. Please add any comments below:

_____

_____

_____
Program Director Date

_____
Department Chairperson or Designee Date

(For use by the School of Graduate Studies and Research)

Deferment Request Denied (provide comments below):

_____

_____

_____

Deferment Request Approved through_____, 20_____

_____
Dean, School of Graduate Studies and Research or Designee Date