

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

I, _____
Student Name D#

Email Address Phone Number

hereby request admission deferment through _____, 20____ from the

(Major/Concentration/Degree Program)

I plan to enroll for the _____ 20____ Term or Session.

Reason for deferment request (please use the attachment field to upload any supplemental documentation or longer explanation):

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 prescribed timeline will result in reapplication to the program.

Student Signature Date

The Program Administrators have discussed this request and:

Recommend: Deny: its approval. Please add any comments below:

Program Director Signature Date

Department Chairperson or Designee Signature Date

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

Deferment Request Denied (provide comments below):

Deferment Request Approved through _____, 20____

Dean, School of Graduate, Adult and Extended Studies or Designee Date