PROGRAM DEFERRAL REQUEST FORM

SGS 029

Name of Application:

_____

Last Name First Name Middle Name

CONTACT INFORMATION

Phone Number _____

Personal Email _____

Home Address _____

_____

_____

Degree/Program of Study: _____

Period of deferral (Semester/Year) _____

Reason for study/program deferral (with supporting documents)

Student's signature: _____ Date: _____

Recommendation of Coordinator of Graduate Programs (SITC/SBE)

Approved ☐ Denied ☐

School Coordinator's Signature _____ Date _____

Dean of School's Signature_____ Date _____

Dean of SGS's Signature _____ Date _____

Note:

1. Deferral application along with the Graduate Program Coordinators recommendation and supporting documents should be submitted to Dean of Graduate School for information
2. Maximum length of deferral is one (1) year.
3. The period of deferral shall not be counted towards the maximum number of year for degree completion
4. The student is not subject to course/program fees during approved deferral period