



ADMISSIONS DEFERMENT APPLICATION

Section A: Student Information

Student Name _____ SSN _____

Student ID _____ Date of Birth _____

Student E-Mail _____ Student's Phone _____

Section B: Deferment Request

Original Admit Term _____ Requested Deferred Term _____

Original Major _____ Requested Major _____

Section C: Information Request

List Any Colleges Attended Since Your Original Admission to UAFS, Along with Dates of Attendance and the Number of Hours Completed at Each Institution.

- _____
- _____
- _____
- _____

Section D: Agreement

You, the student, are eligible to defer your application for up to one (1) year. If you wish to attend after a year has passed you will need to reapply to the university. Your initial admissions decision is subject to change based on any updated coursework information. This form must be delivered to the UAFS Office of Admission at least one (1) business day prior to the first day of classes for the semester you wish to defer to.

Signature _____ Date _____