



GRADUATE SCHOOL

Request to Defer Enrollment

Full Name:

UNCW ID #:

Personal Email:

Degree:

Program:

Requested Term of Enrollment: Fall Spring Summer I Summer II Year:

Reason for Deferral:

If Other, Specify Here:

I understand the following:

Once approved, it is my responsibility to follow the reapplication instructions that will be provided to me by the Graduate School. I must meet all published program application deadlines for the approved deferment term.

My program of study must be completed within 5 years of first enrolling as a master's degree seeking student or within six years of first enrolling as a doctoral student in graduate studies.

I will not be able to use university resources, facilities, or faculty until I enroll in the term requested above.

1) Student Signature:

Date:

2) Program Coordinator:

Date:

3) Graduate Admissions:

Date: