REQUEST FOR DEFERRAL OR CHANGE OF ADMISSION TERM

This form is to be used by students who have been offered admission to The Graduate School at UNCG and who would like to request that such admission be deferred for a maximum of one year or changed to an earlier term. Note that this deferral/change is for admission only and not for merit-based financial aid (teaching/research assistantships, scholarships, and fellowships). The student must compete again for financial aid for the new term (if approved). Some departments accept new students only in the Fall. It is the student's responsibility to contact the department to find out if Spring or Summer admission is allowed.

These procedures must be followed:
1. This form must be filled out completely and must include a reason the deferral/change is being requested.
2. The deferral/change request must be for a specific term. Deferrals not exceed one year from the original term of admission.
3. The completed form must be submitted to the department/program Director of Graduate Study for approval or denial no later than the first day of classes of the term of original admission. If the request is not received by the first day of classes, it may be denied.
4. The department/program will forward the completed form to The Graduate School for processing.
5. The Graduate School will notify the student of the deferral request decision.

STUDENT INFORMATION

Name: ____________________________  UNCG Student ID Number: ____________________________
Address: ____________________________  City: ____________________________  State: ______  Zip: ______
Email: ____________________________  Daytime Phone: ____________________________
Degree: ____________________________  Program: ____________________________
Original Term and Year of Admission: _______________ _______________  Requested Term and Year of Admission: _______________ _______________

Reason for Deferral/Change of Term Request:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature: ____________________________  Date: ____________________________

DEPARTMENTAL RECOMMENDATION AND CONDITIONS

Please select decision: □ Approved □ Denied

Director of Graduate Study Signature: ____________________________  Date: ____________________________

Notes:

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL

Graduate School action completed by: ____________________________

Notes:

Notification sent: ____________________________