



Deferred Admission Request

Please complete form, sign and email to the School of Graduate Studies at graduatestudies@stcloudstate.edu. We will work with your graduate program director and notify you when processing is complete.

Student Name (Last, First, Middle)

Student Tech ID Number (If Known)

Graduate Program

Deferred Admission to (Semester, Year)

Will your financial sponsorship information change? Yes No

Reason for request to defer:

Signatures Needed

Student (Signature)

Student Name (Print)

Date

School of Graduate Studies (Signature)

School of Graduate Studies Name (Print)

Date

Graduate Director (Signature)

Graduate Director Name (Print)

Date

Graduate Directors, please sign and date this form if you agree to this deferral request.

Center for International Studies completed: Yes No

FOR OFFICE USE ONLY: Student Notified