



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 WCU and who would like to request that such admission be deferred for a maximum of one year or changed to an earlier term. Please note that **not all programs allow a deferral or change of admission term**. This deferral/change is for **admission only and not for merit-based financial aid** (teaching/research assistantships, scholarships, or fellowships). The student must compete again for financial aid for the new term (if approved). Some departments accept new students only in the Fall or as a cohort. It is the student's responsibility to contact the program director to determine if deferred admission or change of term 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 cannot exceed one year from the original term of admission.
3. The completed form must be submitted to the department/program director for approval of 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

Full Name _____ WCU Student ID Number 920_____

Personal Email_____ WCU Email _____

Degree _____ Program_____

Original Term & Year of Admission: Fall Spring Summer Year _____

Requested Term & Year of Admission Fall Spring Summer Year _____

Reason for Deferral:

If Other, please briefly specify here:

By signing below, I acknowledge that

If approved, it is my responsibility to follow any conditions provided by the program or Graduate School.

If approved and I do not enroll during the requested term, I understand that I will have to reapply to the Graduate School and pay the application fee.

My program of study must be completed within 6 years of first enrolling as a graduate student.

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

Student Signature _____ Date _____

DEPARTMENTAL RECOMMENDATION AND CONDITIONS

Please select a decision Approved Denied Program Director Signature _____ Date _____

Notes:

PROGRAM DIRECTOR, PLEASE FORWARD COMPLETED FORM TO GRADUATE SCHOOL

GRADUATE SCHOOL ACTION

Approved Denied by _____ Date _____

Notes:

Notification sent by _____ Date _____

Student Record updated by _____ Date _____