

## Request to change (defer) admission date into a graduate program

ID#:	
Family Name:	
First Name:	
Current Program applied/accepted to:	
Change admission date to:  Please note: A maximum of one (1) year from initial admission date is permitted eligible admission terms. Conditions outlined in previously issued letters of according to the conditions of the conditions outlined in previously issued letters.	ted. Please check your program for cceptance are subject to change.
Please indicate the reason(s) for the change and activities since initial	application e.g. education, work:
It is the applicant's responsibility to ensure all supporting documentation application file for the term of deferral e.g. transcripts, resume, etc.	on is up to date in the
Student Signature:	Date:
Office use only:	
List changes in conditions from original admission (if applicable):	
Funding awarded (if applicable):	
Departmental Approvals:  Supervisor (thesis program):	Date:
Graduate Program Director:	Date: