

Graduate Deferral of Admission Request Form

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 graduate@msvu.ca

Student ID#	Last Name/Surname		Fir	rst Name(s)/Given Name(s)		
Apartment/Street		Town/City		Province	Postal Code	
()						
Phone Number	MSVU Err	MSVU Email Address				
submitted in writing to	le reasons may apply to defer adi o the Dean of Graduate Studies, C . Students granted such deferrals ral letter.	hair of the Gradu	ate Studies Prog	ram & Policy Committee (gradua	ate@msvu.ca), befor	
	mit the completed form to the I 's Office; Student; Graduate Pro				py the completed	
Degree Program:						
Current Program Start Date:			Requested Start Date:			
(see acceptance letter)			(12 months from current program start date)			
Have you previously	been granted a deferral of a	admission for th	nis academic p	orogram?		
No. Yes, Original program start date:			Deferred program start date:			
Reason for deferral	of admission:					
Student Signature			Date			
Dean of Graduate S	tudies Review:					
Decision of Dean of	Graduate Studies:	Approved	Not A	pproved		
Reason (if not appro	oved):					
Admission Deferred	to:					

Mount Saint Vincent University abides by the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Freedom of Information and Protection of Privacy (FOIPOP) Act. For further information on these acts, please refer to the University Calendars. Updated June 25, 2025