

## **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	First Name(s)/Given Name(s)			
Apartment/Street		Town/City		Province	Postal Code
() Phone Number	 MSVU Email /	 Address		<del> </del>	
Students with bona fide resubmitted in writing to the confirm their intention to  The student must submit	easons may apply to defer admiss e Registrar's Office (graduate@ms register in the subsequent acader the completed form to the Regis	ion for one y svu.ca), befo mic year by t strar's Office	re registering in a course. S the date indicated on the do . The Registrar's office will	tudents granted such eferral letter.	deferrals must
_	m Coordinator (to be placed in th		·		
Current Program Start Date:(see acceptance letter)		Requested Start Date:			
	een granted a deferral of adm	ission for tl	•	e program start date)	
No. Yes, Or	riginal program start date:		Deferred progr	am start date:	
Student Signature		 Date			
Graduate Admissions C	Officer Review:				
ecision of Graduate Ad	Imissions Officer: App	oroved	Not Approved		
eason (if not approved	):				
dmission Deferred to: _					
Graduate Admissions (	Officer Signature		Approval Date		