



Office of Undergraduate Admissions
 100 Morrissey Boulevard
 Boston, MA 02125-3393
 Tel: 617-287-6100
 Fax: 617-287-5999

FALL 2011 DEFERRAL FORM

Please complete this form in its entirety and mail it with your **\$25.00** check or money order to:

Office of Undergraduate Admissions
 University of Massachusetts Boston
 100 Morrissey Blvd.
 Boston, MA 02125-3393

Submit this form to the Office of Undergraduate Admissions by September 8, 2011. Forms received after that date will not be accepted.

Today's Date: _____

Name: _____ Student ID#: _____

I was accepted to the fall spring semester of _____ to major in _____.

I wish to defer my acceptance to the fall spring Year _____.

Please note the following:

- Students are allowed to defer for a maximum of **one year** from original acceptance date. After one year, acceptance will be withdrawn and student must re-apply.
- **A student may not defer if attending another College/University or s/he has been accepted by the College of Nursing & Health Sciences generic Nursing program.**
- Credit for your \$200 New Student Deposit is forwarded only if your deferral to a new semester is permitted.
- International students are required to provide new Financial Documents before we can issue a new I-20.
- Entering freshmen must provide a final high school transcript showing date of graduation before deferral request can be processed.

Are you attending another college between now and the next semester? Yes No

Reason(s) for deferring: _____

 Student's Signature

 Date