FALL 2015 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 15, 2015. 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 After one year, acceptance will be withdrawn and student must re-apply.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 into any nursing major.
• 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