REQUEST FOR DEFERRED ADMISSION (Domestic Students Only)



DATE YYYY MMM DD

Processed by

Use this form to request a deferral of your offer of admission for up to one year. Submission of this form is not a guarantee that your request will be approved. Only students who have received admission are eligible.

Toll Free: 1.888.823.8734 **Email:** admissions@ufv.ca

Submit this completed form to the Office of the Registrar via email to **admissions@ufv.ca** Once a decision is made, correspondence will be emailed to your UFV account.

Student's full legal name

Questions?	' Contact	admissions@ufv.ca
------------	-----------	-------------------

STUDENT'S SIGNATURE

Office use only

Date Received

collection and use of this information, contact the Enrolment Services Manager at 604-854-4501 or reginfo@ufv.ca

Approved

UFV student number

Guidelines for Requesting a Deferral			
Approval of requests for deferred admission wil	I only be gra	nted o	nce.
Approval of your request for deferred admission Deferrals are not available for all UFV programs			
Students may not attend another post-seconda will need to re-apply for admission and will need			ng the deferral period. Students who do not comply ed transcripts.
Your request will not be approved if you are cu	urrently regis	stered	for courses
Deadlines for Submission			
Deadines for Submission			
Requests to defer an offer of admission to the Fall, below:	Winter or Su	ımmer	admission intake must be submitted by the dates indicated
Fall - August 4	Winter – D	ecem	ber 5 Summer – April 14
Note: Requests received after the deadlines indicat	ed above wil	l not b	e reviewed.
Details of Request			
Details of Request Program:			Reason for requesting deferred admission:
•			Reason for requesting deferred admission:
Program:	Y	N	Reason for requesting deferred admission:
Program:	Y	N	Reason for requesting deferred admission:
Program: Intake Semester/Year Admitted to: Do you intend to study at another post-secondary institution during the deferral	Y	N	Reason for requesting deferred admission:
Program: Intake Semester/Year Admitted to: Do you intend to study at another post-secondary institution during the deferral period requested?	Y	N	Reason for requesting deferred admission:
Program: Intake Semester/Year Admitted to: Do you intend to study at another post-secondary institution during the deferral period requested? I wish to defer this offer of admission to:	Y	N	Reason for requesting deferred admission:

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY. The information on this form is collected under the authority of British Columbia's Freedom of Information and Protection of Privacy Act [(RSBC 1996) chapter 126] and the University Act. This information is used only in making a decision on the request deferred admission. If you have any questions about the

N

Date Processed