UNIVERSITÉ Concordia UNIVERSITY

School of Graduate Studies

Notice of Alteration of Admission Date
(Deferral) into a Graduate Program

TO: Enrolment Services Date:_____

FROM: Program _____ I.D.: _____

Family Name _____ Given Name _____

Present Date of Admission:

Summer 20 _____ September 20 _____ January 20 _____ ❑ Full-time ❑ Part-time

❑ Doctoral ❑ Master's ❑ Diploma ❑ Graduate Certificate ❑ Qualifying Program

❑ Option _____

CHANGE OF ADMISSION DATE (DEFERRAL)

(Graduate student who has been accepted into a graduate program, but who has decided to postpone date of entry).

Please note there is a non-refundable $25.00 deferral fee for each request.

Change Admission Date to: _____

Final Deferral: ❑

Please indicate reason for request for deferral:

❑ educational update (student must provide official updated transcript)

❑ work experience

❑ other (i.e. personal reasons)

Please check one of the following:

ADMISSION CONDITION(S) (Prerequisite Courses - Transfer Credits)

❑ **List Changes in Condition(s) from original recommendation:**

_____

_____

_____

_____

_____

❑ **No Change in Condition(s)**

Please attach all necessary documentation

Note: If deferral is requested after student has registered, the program must remove registration from the system.

_____ _____ _____

Student Graduate Program Director Date

OFFICE USE ONLY **Deferral fee paid**: ❑ Yes ❑ No ❑ Attached ❑ Requested