



CHICAGO STATE UNIVERSITY

SCHOOL OF GRADUATE AND PROFESSIONAL STUDIES REQUEST FOR DEFERRAL OF ADMISSION

This application must be filed by October 30 [for Fall Admitted student] or March 31 [for Spring admitted students] or June 15 [for Summer admitted students] for deferral up to two semesters.

Only one application for deferral will be accepted after admission. Therefore, students need to consider carefully before submitting this application and decide the semester they would like the admission to be deferred to.

STUDENT INFORMATION:

First Name: _____ Middle Initial: ____ Last Name: _____

CSU ID number [If issued] _____

Permanent Home Address: _____

E-Mail: _____ Second e-mail _____

Phone Number _____ Cell Number: _____

Term Admitted: Fall 20 _____ Spring 20 _____ Summer 20 _____

Request Deferment for: Fall 20 _____ Spring 20 _____ Summer 20 _____

Intended Major: _____

Option [if applicable]: _____

Reason[s] for request:

Signature of the student: _____ Date: _____

For Graduate School Use Only:

Application Received on: _____ Department/Program Adviser decision obtained: Yes/ No

Request Decision: Approved Yes _____ No _____ Follow up letter sent to student on _____

Dean, SGPS _____ Date _____