



DEFERRAL - GRADUATE STUDENT DATA FORM

Complete this form and email it to:
graduateadmissions@evergreen.edu | Phone: 360-867-6856

Legal Name: _____ **Defer to Fall** _____

Check One: ☐ MES ☐ MIT ☐ MPA

Mailing Address:

Telephone: _____ **Alternate/Business Telephone:**() _____

Email Address: _____

Baccalaureate Degree earned/expected from _____
Name of Institution Date Conferred

Will you attend a college or university prior to entering the graduate program?

☐ No

☐ Yes

Name of College or Institution

List all courses you are taking or plan to take between now and entering the graduate program.

1. _____
2. _____
3. _____

In signing this form, I acknowledge that failure to disclose and submit official transcripts from all schools, colleges, or universities attended and failure to disclose and submit complete and accurate information may result in dismissal from said institution. This includes submission of official transcripts upon completion of all academic work planned, or currently in progress. I understand that my deferral is incomplete without my signature below.

Signature of Student _____ **Date** _____