



**the evergreen  
state college**

**DEFERRAL - GRADUATE STUDENT DATA FORM**

Complete this form and mail, fax, or email to:

The Evergreen State College

Graduate Admissions

Library 2002

Evergreen Parkway NW

Olympia WA 98505

[graduateadmissions@evergreen.edu](mailto:graduateadmissions@evergreen.edu) | Fax: 360-867-6794 | Phone: 360-867-6856

**Legal Name:** Mari Sonoda Gossage      **Defer to :** ☐ Fall ☒ **Spring 2024**

**Check One:** ☐ MES ☒ MIT ☐ MPA

**Mailing Address:** P.O. Box 1102 Ocean Shores WA 98569

**Telephone:** (360) 622-5039    **Alternate/Business Telephone:** (360) 951-7826

**Email Address**    [peke0359@icloud.com](mailto:peke0359@icloud.com)

**Baccalaureate Degree earned from** The Evergreen State College  
Name of Institution.

March 24, 2023.  
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. \_\_\_\_\_
4. \_\_\_\_\_

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**    \_\_\_\_\_/s/\_\_\_\_\_ Mari Sonoda Gossage

**Date** May 1, 2023.