



**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:** Kyla Potter

**Defer to Fall 20** 24-25

**Check One:**  MES  MIT  MPA

**Mailing Address:** 2226 Fir St SE  
Olympia, WA 98501

**Telephone:** (360) 753-4970 **Alternate/Business Telephone:** ( ) \_\_\_\_\_

**Email Address** larkraxm@yahoo.com

**Baccalaureate Degree earned/expected from** Evergreen State College 12-15-06  
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. \_\_\_\_\_
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** Kyla Potter **Date** 5-11-23