



evergreen

DEFERRAL - GRADUATE STUDENT DATA FORM

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

Legal Name: Daniel Lamfers Deferral to Fall 2026-2027

Check One: ☐ MESA ☒ MIT ☐ MPA

Mailing Address:

8825 Skomish Way NE
Olympia, WA, 98516

Telephone: 360 763 6128 Alternate/Business Telephone: () _____

Email Address: 17 danlam@gmail.com

Baccalaureate Degree earned/expected from Evergreen state college Summer 2025
Name of Institution Date Conferred

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

☐ No

☒ Yes

Evergreen state college
Name of College or Institution

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

1. Unknown - TBD Spring 2025, Summer 2025
2. Unknown - TBD Spring 2025, Summer 2025
3. Unknown - TBD Spring 2025, Summer 2025

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

Daniel Lamfers

Date

2/26/2025

