



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 | Fax: 360-867-6794 | Phone: 360-867-6856

Legal Name: Adam Andres _____ **Defer to Fall 2024** _____

Check One: ☐ MES ☐ MIT ☒ MPA

Mailing Address: 9840 Littlerock Rd. _____

Olympia WA 98512 _____

Telephone: (503)550-6584

Alternate/Business Telephone: () _____

Email Address Andresadams@gmail.com _____

Baccalaureate Degree earned/expected from

The Evergreen State College _____

Date Conferred—6/22

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.

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Signature of Student _____

Date 9/24/22 _____