



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: Jennifer Witcraft Defer to Fall 20 21

Check One: ☒ MES ☐ MIT

MPA

Mailing Address: 4142 76th Ct. SW  
~~SE~~ Olympia, WA  
98512

Telephone: 360-704-9317 Alternate/Business Telephone: ( ) \_\_\_\_\_

Email Address Jenwit7474@gmail.com

Baccalaureate Degree earned/expected from TESC 1998  
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.**

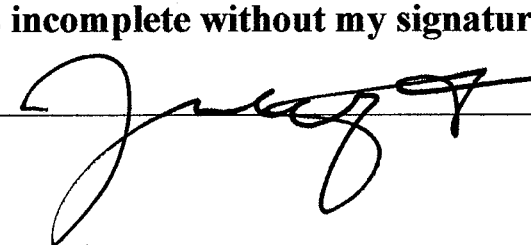
1. \_\_\_\_\_

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

A handwritten signature in black ink, appearing to be "J. [unclear]", written over a horizontal line.

Date

8/22/20