

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

HYPERLINK "mailto:graduateadmissions@evergreen.edu" graduateadmissions@evergreen.edu | Fax: 360-867-6794 | Phone:
360-867-6856

Legal Name: _____ Kelly Johnson _____

Defer to Fall 2022 _____ X _____

Check One: ☒ MES ☐ MIT ☐ MPA

Mailing Address: 1714 Overhulse Rd NW _____

Olympia, WA 98502 _____

Telephone: (270) 779-2971 _____ Alternate/Business Telephone: () _____

Email Address kzenn.johnson@gmail.com _____

Baccalaureate Degree earned/expected from Evergreen State College _____
Name of Institution

June 12, 2020 _____
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.

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 _____

Date 9.28.21 _____