

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: Qui	nn McMahon		efer to Fall 20 <u>22</u> heck One: MMES □	MIT □ MDA
Mailing Address:	17197 Clear Cr		meck One: AMES	WIII LI WIFA
	Poulsbo, WA			
	08370			
Telephone: (360)	471-3578	Alternate/Business Tele	phone:()	
Email Address	mcmquires@gm	ail.com		
Baccalaureate De	gree earned/exp	ected from Western Was	hington University	
Will you attend a college or university prior to entering the graduate program?				
⋉ No	□ Yes	Name of College or	Institution	
List all courses yo	ou are taking or	plan to take between now	and entering the gradu	<u>ıate program</u> .
1				
2				
3				
4				
universities attended said institution. This currently in progress	and failure to disclinctudes submission. I understand that	failure to disclose and submit of ose and submit complete and act in of official transcripts upon complete with	ccurate information may re ompletion of all academic w nout my signature below.	esult in dismissal from ork planned, or
Signature of Stud	ent /		Date 08/09	/ ZUZ I