

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:	Kyle Nicholas		
		Check One: 🗲 MES 🗧	E MIT € MPA
Mailing Address:	411 Union Ave SE		
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Email Address	Kynicho@gmail.com		
December 19		LLC Borkolov	06/2010
Baccalaureate Deg	gree earned/expected from	U.C. Berkeley Name of Institution	Date Conferred
Will you attend a	-	to entering the graduate program?	
V No	€ Yes	Name of College or Institution	-
List all courses yo	u are taking or plan to tak	te between now and entering the grad	uate program.
1			
2			
3			
4			
universities attended said institution. This currently in progress	and failure to disclose and subnincludes submission of official t. I understand that my deferral	sclose and submit official transcripts from al nit complete and accurate information may transcripts upon completion of all academic l is incomplete without my signature below.	result in dismissal fron work planned, or
Signature of Stude	ent	Date9/	7/2021