

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

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Legal Name:A	nna Pope			Defer to Fall 20	22	-	
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Mailing Address:	20600	Lovers L	h				
	Livingsto	n, LA					
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Telephone: (215)	252-4891	Altern	nate/Business T	Telephone: (225)	229-(396	-
Email Address	anna pop	ر 98 ه	gmail.com				
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Baccalaureate De	gree earned/e	xpected fro	Name of Institution	ern Louisiana tution	Mniversi-	ly Dete	<u>.c. 2020</u> Conferred
Will you attend a	college or uni	versity pri	or to entering	the graduate pro	ogram?		
X No	Yes			e or Institution		_	
			Name of Colleg	e or Institution			
List all courses yo	u are taking	or plan to t	take between n	ow and entering	the grad	uate pr	ogram.
1.							
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In signing this form, I universities attended said institution. This currently in progress. Signature of Stud	and failure to di includes submis . I understand t	sclose and su sion of offici hat my defer	ibmit complete ar al transcripts upo	nd accurate information completion of all without my signatur	tion may r academic v	esult in d work plan	lismissal from nned, or
Signature of Stud	ent Ztnava	1/2000		1)	ate 117	/ 5/21	14