

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:	Jylan K. Jilek	Defer	to Fall 20	20	
	1	Check	One:	MES	MIT MPA 🗸
Mailing Address:	: 400 4 Coops	98502	NW		
	Alimaa MA	018502			
	Cocket to Contract	10-			
	V				
Telephone: (360) 349-7981 Alte	rnate/Business Telephoi	ne:(360)_	704-10	121
Email Address	Aulan illek@	gmail.com			
	0091011)			
		Valaran Zu	C 11	1 . 1	10 (0.12
Baccalaureate De	egree earned/expected f	From Kalama Zoo Name of Institution	s colo	ige	12/2012
		Name of Institution		V	Date Conferred
Will you attend a	college or university p	rior to entering the grad	duate pro	gram?	
(No)	Yes	Name of College or Instit			
7		Name of College or Instit	ution		
List all courses ye	<u>ou are taking or plan to</u>	take between now and	entering t	he gradu	ate program.
1					
1		-			
2.					
3.					
4					
4					
		to disclose and submit officia			
		submit complete and accura			
		icial transcripts upon comple erral js incomplete without n			n k planneu, or
	()1/6	1- 1/W			19/2019
Signature of Stud	ient V///////	11 XVV	Da	te / /	11/601/