

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: <u>Kerri Wheeler</u>				o Fall 20 <u>20</u> €MES €	MIT x MPA
Mailing Address:2413 15	h Ave SE	-			
Olympia,	WA 98501	· · · · · · · · · · · · · · · · · · ·	* 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
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Telephone : (360)339-2641	Alter	nate/Busines	ss Telephone: ()	
Email Address wheker 18@	gmail.com		·		
Baccalaureate Degree earne	l/expected from	Name of Instit	ution		Date Conferred
Will you attend a college or 1	iniversity prior	to entering	the graduate pr	ogram?	
x No € Yes	<u></u>	Name of College	e or Institution		
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List all courses you are takin					
1. None		_			The state of the s
2.	<u> </u>				
3					
4					
In signing this form, I acknowledge universities attended and failure to said institution. This includes sub- currently in progress. I under than	disclose and subm mission of official to	it complete an ranscripts upor	d accurate informa n completion of all	ation may res academic wo	ult in dismissal fro
Signature of Student	Mh		I	Date <u> </u>	21/2019