SPRING 2018 DEFERRAL FORM

Please complete this form in its entirety and mail it with your $25.00 check or money order (payable to “UMass Boston”) to:

Office of Undergraduate Admissions
University of Massachusetts Boston
100 Morrissey Blvd.
Boston, MA 02125-3393

Submit this form to the Office of Undergraduate Admissions by January 27, 2018. Forms received after that date will not be accepted.

Today’s Date: ______________

Name: ________________________________ Student ID#: __________________

I was accepted to the  □ fall  □ spring  semester of ______ to major in ________________.

I wish to defer my acceptance to the  □ fall  □ spring  Year ______.

Please note the following:

• Students are allowed to defer for a maximum of one year from original acceptance date. After one year, acceptance will be withdrawn and student must re-apply.

• A student may not defer if attending another College/University or s/he has been accepted into any nursing program.

• Credit for your $200 New Student Deposit is forwarded only if your deferral to a new semester is permitted.

• International students are required to provide new Financial Documents before we can issue a new I-20.

• Entering freshmen must provide a final high school transcript showing date of graduation before deferral request can be processed.

Are you attending another college between now and the next semester?  □ Yes  □ No

Reason(s) for deferring: ____________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Student’s Signature: __________________________  Date __________________________