Application for Deferment Form - International Undergraduate Applicant

If you would like to request to defer you application to the semester after the one you have already applied to, please fill out this form and e-mail it to <u>DeferUGAdmissions@asu.edu</u>. Please indicate *international Deferral Request* in the subject line of your email.

Name:	
ASU ID#:	Date of Birth:
_	Day/Month/Year
Reason fo	or Deferral Request:
	tending another institution during the semester I am deferring. ot for purposes of attending another university. If you will be attending another university, you will need to reapply for a
🗆 Yes	
If Yes: In	stitution Name:
Ci	ty:State:Country
Before atte	ending ASU, I will be in the United States under a Visa: \Box Yes \Box No
If Yes: W	hat type of Visa:
If your orig	inal application term is Spring ONLY, please specify which term you are requesting:
Sumr	ner Fall
Acknowled	lge by checking the boxes below:
	stand that my request may not be processed if it is made less than two weeks before the my current semester.
	stand that my request may not be processed if my English Proficiency scores will be over 2 Id by start date of deferral term.
	stand that any coursework completed between my admission and the semester I am ng could affect my status and may be cause for denial from Arizona State University.
🗌 l under	stand that if I do not enroll in the semester I am deferring to, I will have to reapply
to pay a underst	stand that the full amount of my enrollment deposit will be placed on my student account at the time of arrival. I agree to pay the full amount of this enrollment deposit. I tand that if I choose not to come to Arizona State University, I am still responsible for nt of this amount.
Signature	or full name Date

When completed, please make a copy of this form for your own records and email the original to: <u>DeferUGAdmissions@asu.edu</u>. Please indicate *international Deferral Request* in the subject line of your email.