

# MARQUETTE UNIVERSITY GRADUATE SCHOOL

## REQUEST FOR DEFERRAL OF ADMISSION

This form is to be used by students who have been offered admission to the Graduate School at Marquette University, and who would like to request that such admission be deferred for a maximum of one year. Note that this deferral is for admission only, and not for merit-based financial aid (teaching/research assistantships, scholarships, and fellowships). If merit-based financial aid was part of the original offer of admission, the financial aid will not be deferred, and the student must compete anew for financial aid for the term of deferral (if approved). Some departments accept new students only in the Fall. It is the student's responsibility to find out if Spring or Summer admissions are allowed.

The following procedures must be followed:

1. This form must be filled out completely, and must include a reason that the deferral is being requested.
2. The requested deferral must be for a specific term, and may not exceed one year from the original term of admission.
3. The completed form must be submitted to the Graduate School no later than the first day of classes of the term of original admission. If the request is not received by the first day of classes, the request for deferral may be disapproved. **The form should be submitted to Marquette University Graduate School, P.O. Box 1881, Milwaukee, WI 53201-1881 or faxed to (414) 288-1902.**
4. The completed form will be forwarded to the academic department for their approval or denial of the deferral request. The form will then be returned to the Graduate School for processing.
5. The student will be notified in writing of the decision regarding the deferral request.

Student Name \_\_\_\_\_ MUID \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Department \_\_\_\_\_ Degree \_\_\_\_\_

Original Term  
of Admission \_\_\_\_\_  
Term and Year

Requested Term  
of Admission \_\_\_\_\_  
Term and Year

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for Deferral Request:

Department Recommendation and Conditions:

Please select decision:  Approved  Denied

Signature of DGS/Chair \_\_\_\_\_ Date \_\_\_\_\_

Graduate School Action Completed By \_\_\_\_\_ Date \_\_\_\_\_