



GRADUATE ADMISSIONS DEFERMENT/REPROCESSING FORM

Please print all entries

Reference Number		ID Number (If applicable)							
Term & AY of Acceptance	Term	1		2		3		AY	
Expected Time of Return	Term	1		2		3		AY	
Admission Type	Please (√)check one					Degree Program Accepted to		DTS Number	
		PhD							
		MA/MS							
		Diploma							Received By / Date & Time
	Others								
Personal Information					Contact Information				
Last Name						Address			
Given Name						Tel. No.			
Middle Name						Mobile No.			
Last School Attended						Email Address			
Reason/s For Deferment									
<p>Two (2) copies of this form must be submitted to the Office of Admissions and Scholarships on or before the specified deadline (See DTS). By submitting this form, I understand that:</p> <ol style="list-style-type: none"> 1. The validity of the result of the DGAT exam I took and the ADMIT status I earned are for the duration of 3 trimesters (this term included in the count) only. 2. The program to which I was accepted to on the trimester when I have decided to enroll may not be offered. 3. Should I have paid the Confirmation Fee, the said fee shall be non-refundable and non-transferable. 4. Should I have paid the corresponding tuition and fees, any request for refund shall be according to the policy for refund by the University; and 5. I am responsible for consequences applied for my deferment. 									
Signature (Applicant)							Date		

----- **DO NOT FILL** -----

	Approved		Disapproved
Remarks:			
Director, Office of Admissions and Scholarships			Date

****NOTE: 1. This form must be filled out completely and accomplished in duplicate.
2. The Applicant must have read the conditions indicated in the form prior to affixing his/her signature.**