Office of Admissions
and Scholarships

DEFERMENT OF ENROLLMENT

Please print all entries

Reference Number		ID Number (If applicable)								FOR OAS USE (Do not fill)
Term & AY of Acceptance		**Term**	1		2		3		AY	
Request Term & AY		**Term**	1		2		3		AY	

Admission Type	Please (√)check one		Academic Plan Accepted to	DTS Number
		Freshman		FOR OAS USE (Do not fill)
		Transferee		
		2nd Undergraduate Degree		**Received By / Date & Time**

Personal Information		Contact Information	
Last Name		**Address**	
Given Name		**Tel. No.**	
Middle Name		**Mobile No.**	
High School		**Email Address**	

Reason For Deferment

By submitting this form, I understand that:

1. The validity of the result of the DCAT exam I took is for the duration of 3 trimesters (one academic year).
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 of P 10,000.00, 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.
6. Should there be any changes decision for your deferment of enrollment email admission.requirements@dlsu.edu with Subject heading: Cancellation/Changes in Decision for Deferment Request
7. As soon as the Deferment Form is submitted the decision is final and irrevocable unless the applicant emails the Office of Admissions and Scholarship regarding the changes in decision for deferment request submitted.

Signature (Applicant)		Date	
Signature (Parent/Guardian)		**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.