

Form No. UG-20

DEFERMENT OF ENROLLMENT

Reference Number		ID Number (If applicable)									
Term & AY of Acceptance		Term	1		2		3		AY		
Request Term & AY		Term	1		2		3		AY		
	Please (✓) check one						Academic Plan Accepted to				
	F	eshman									
Admission Type	Tı	ansferee									
211-1	21	nd Undergraduate Degree									
Personal Information							Contact Information				
Last Name			Addre								
Given Name			Tel. No.								
Middle Name			Mobile								
High School							Email	Address	address		
Reason for Deferment											
By Submitting this form, I understand that:											
 The validity of the result of the DCAT exam I took is for the duration of 3 trimesters (one academic year). The program to which I was accepted to on the trimester when I have decided to enroll may not be offered. Should I have paid the reservation fee of P 10,000.00, the said fee shall be non-refundable and non-transferable. 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 I am responsible for consequences applied for my deferment. 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 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		
		Approved	- DO NOT FILL				Disa	Disapproved			
Remarks:											
Director, Office of Admissions and Scholarships Date						ite					