



UNCW Graduate School
Request to Defer Enrollment

Full Name:

ID #

Degree:

Major:

When do you intend to enroll?

fall

spring

summer I

or II

Year

I understand the following:

- 1. This leave request constitutes an agreement with the Graduate School at UNCW.*
- 2. If I do not enroll in the specified term above, I must reapply for admission.*
- 3. My program of study must be complete within five years of first enrolling as a degree seeking student in graduate studies.*
- 4. I will not be able to use university resources, facilities or faculty during this time.*

Signature of Student

Date:

Department Coordinator

Date:

Graduate School

Date:

**This form must be signed by the department coordinator
before it is submitted to the Graduate School.**