



# SCHOOL OF NURSING

University of Medicine & Dentistry of New Jersey

## ADMISSIONS DEFERMENT REQUEST FORM

**Please print legibly or type: Return completed form to Enrollment Services:**

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID#: A00 \_\_\_\_\_ Program/Major: \_\_\_\_\_ If Joint Program, Affiliate: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Term of Acceptance (Example: Fall 2007): \_\_\_\_\_

**I wish to defer my admission to the following semester:**

Fall          Spring          Summer          Year 20\_\_\_\_\_

\* Accepted applicants may defer their offer of admission one time only with the approval of their Track Coordinator. Individuals must request a deferment within one year of the semester they were accepted. After one year, accepted applicants must reapply for admission and pay the application fee. Once the form is received, Enrollment Services will consult with the Program Director to review the deferment request. Individuals will then be advised of their admission status.

Applicant Signature: \_\_\_\_\_

**Please submit signed form to School of Nursing Enrollment Services**

**65 Bergen Street, Room 152 • PO Box 1709 • Newark, NJ 07107**

**Phone: 973-972-5336 • Fax: 973-972-7453**

---

### ENROLLMENT SERVICES USE ONLY

Enrollment Services signature \_\_\_\_\_ Date Change Noted \_\_\_\_\_

<http://sn.umdj.edu>

**Clinically Connected. Research Driven.**