



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 07101

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

ENROLLMENT SERVICES USE ONLY

Enrollment Services signature _____ Date Change Noted _____