



ATENEO DE MANILA UNIVERSITY

Loyola Schools
OFFICE OF THE ASSOCIATE DEAN FOR GRADUATE PROGRAMS

REQUEST FOR DEFERMENT OF ENROLLMENT FORM

Date: _____

Name of Accepted Applicant:

Last Name	First Name	Middle Name
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Degree Program: _____

School Term Accepted:

Intersession 1st 2nd SEM SY 20__ - 20__

Request to defer enrollment to:

Intersession 1st 2nd SEM SY 20__ - 20__

Reason for Deferment:

Note:

- 1) Deferred application will go through the re-evaluation process after the approval of deferment by the Associate Dean for Graduate Programs.
- 2) If deferment will go beyond one year from the initial filing of the application, the applicant is required to submit new set of admission requirements.
- 3) Failure to submit this form to the OADGP **one month** after receipt of acceptance letter would automatically cancel the filed application.

Signature over printed name

Approved by: _____
Associate Dean for Graduate Programs

Date: _____