REQUEST FOR DEFERRED ADMISSION

admissions@ufv.ca

Guidelines for Requesting a Deferral

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Deadlines

Fall - $XJXVW Winter 'HFHPEHU Summer $SULO

Details of Request

Program: Intake Semester/Year $GPLWWHG WR select term select term	

STUDENT S SIGNATURE DATE

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY. The information on this form is collected under the authority of British Columbia s Freedom of Information and Protection of Privacy Act [(RSBC 1996) chapter 126] and the University Act. This information is used only in making a decision on the request deferred admission If you have any questions about the collection and use of this information, contact the Enrolment Services Manager at 604-854-4501 or reginfo@ufv.ca

Office use only			
Date Received	Approved ☐ Y ☐ N	Date Processed	Processed by