

Full Name _____

TMSAS ID #. _____

Permanent Address _____

Telephone Number _____

Email Address _____

I request deferral from the entering class of _____ to the entering class of _____.

Reason(s) for requesting a deferral: _____

I understand that this deferral is until the beginning of the academic year noted above. I also understand that I must contact the Admissions Office prior to April 1st of the deferred academic year to confirm my enrollment intentions for the following academic year. If I fail to complete this notification, I understand my application to Southwestern will be withdrawn and reapplication will be required if enrollment is desired. I understand that it is my responsibility to contact UT Southwestern with any change of address or phone number in the interim.

I also understand that I must notify the Admissions Office if I intend to apply for admission to any other professional or graduate schools prior to or during the deferral period.

In addition, I understand that during the deferred year I am not considered enrolled at UT Southwestern, I do not qualify for financial aid, and I am not eligible for school resources, including student health/mental health services and malpractice insurance.

Applicant's Signature _____ **Date** _____

With few exceptions, you are entitled on your request to be informed about the information U.T. Southwestern collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. Southwestern collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

Approved Denied Signature _____

Stipulations _____