



Student Enrolment & Registrar Services
 4401 University Drive
 Lethbridge, Alberta T1K 3M4
 Fax: 403-329-5159
 Phone: 403-320-5700
admissions@uleth.ca

UNDERGRADUATE APPLICATION FOR DEFERRAL

- Please allow 5 to 7 business days for processing.
- Applicants must first accept their offer of admission and complete their non-refundable tuition deposit prior to requesting a deferral.
- Deferral requests can be made for either one or two terms. If your program only has a Fall intake and you want to start in Winter, please contact Admissions about your options.
- Deferral requests to competitive programs will be reviewed case-by-case at the discretion of the program's Dean.
- International applicants who are approved to defer their admission and require a new Letter of Acceptance will receive one after their deferral request is processed.

University of Lethbridge ID Number:	Date:
Last Name:	First Name:

Campus:

Lethbridge Calgary Online (*Ther. Rec. only*)

Deferral Effective Term:

Fall 20____ Winter 20____

Deferral Rationale:

Visa/Study Permit Delays Exchange/Volunteer Program Financial Need Other extenuating circumstances:	Mandatory Military Service Physical or Mental Health Concerns Gap Year
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DECLARATION

1. I acknowledge that I have accepted my ULethbridge offer of admission and paid my non-refundable tuition deposit.
2. I acknowledge that a deferral can only be requested once per application.
3. I acknowledge that I cannot attend a post-secondary institution(s) in Canada during my deferral.
4. I acknowledge that I will inform Admissions in writing if I attend a post-secondary institution(s) outside of Canada during my deferral and submit transcripts by my deferred term's deadlines.
5. I acknowledge that failure to disclose attendance at another post-secondary institution(s) could result in my application being canceled or the denial of transfer credit.
6. I understand that deferrals must be requested by August 15 for Fall and December 1 for Winter to be considered.
7. I have read and accept the terms outlined above.

Once complete, please save this form and attach it to an email addressed to admissions@uleth.ca from your '@uleth.ca' email address or submit a paper copy to Student Enrolment & Registrar Services located in SU140.

Student signature required if submitting paper copy

Date

The personal information on this form is collected under the authority of the *Post-secondary Learning Act* (Alberta) and the *Freedom of Information and Protection of Privacy Act* (Alberta). Your information will be used for admission, registration, scholarships and awards administration; academic progress monitoring, planning and research; alumni relations; contacting you about University courses and services; and operating other University-related programs. The University of Lethbridge may share and disclose information within the University to carry out its mandate and operations. Specific data will be disclosed to the relevant student associations, and to the federal and provincial governments to meet reporting requirements. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive West, Lethbridge, AB T1K 3M4; email: foip@uleth.ca; tel: 403-332-4620.

For Office Use Only	
Processed By Admissions: _____	Date Processed: _____