



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

FOR DEFERMENT

Date:		
Dr. GIOVANNI A. TAPANG Dean, College of Science		
Dear Dr. Tapang,		
I would like to defer my enrollm	ent due to	
I will enroll on \Box 1 $^{ m st}$ Semester \Box	2 nd Semester of Academic Year:	
•	ceed one academic year (2 semester ail address and the original may cla	• • •
Signature over Printed Name		Degree Program
Student Numb	er	Term Admitted
Recommending Approval:	Recommending Approval:	Approved:
Name and Signature Unit Director	EIZADORA T. YU, Ph.D. Associate Dean for Mentoring Academic Progress and	GIOVANNI A. TAPANG, Ph.D. Dean, College of Science

Advancement