



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

FOR DEFERMENT

Date: _____

Dr. Cynthia P. Saloma

Dean, College of Science

Dear Dr. Saloma,

I would like to defer my enrollment due to

I will enroll on • 1st Semester • 2nd Semester of Academic Year: _____

Deferment period should not exceed one academic year (2 semesters). Approved notice of application will send to your email address and the original may claim during enrollment period.

Respectfully yours,

_____ Signature over Printed Name	_____ Degree Program
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_____ Student Number	_____ Term Admitted
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Recommending Approval:

Recommending Approval:

Approved:

Name and Signature
Unit Director

MANUEL JOSEPH C. LOQUIAS, Dr. math.
Officer-In-Charge
Office of the Associate Dean
for Mentoring Academic Progress and
Advancement

CYNTHIA P. SALOMA, Ph.D.
Dean, College of Science