



# 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

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I will enroll on • 1<sup>st</sup> Semester • 2<sup>nd</sup> Semester of Academic Year: \_\_\_\_\_

*Deferment period should not exceed one academic year (2 semesters).*

Respectfully yours,

_____ Signature over Printed Name	_____ Degree Program
_____ Student Number	_____ Term Admitted

Recommending Approval:

Recommending Approval:

Approved:

Name and Signature  
Unit Director

**MANUEL JOSEPH C. LOQUIAS, Dr. math.**  
Associate Dean for Academic Affairs

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