



## Office of the Associate Dean for Academic Affairs GRADUATE OFFICE

## **FOR DEFERMENT**

Date:	<del></del>		
<b>Dr. Cynthia P. Saloma</b> Dean, College of Science			
Dear Dr. Saloma,			
I would like to defer my enr	ollment due to		
	er • 2 <sup>nd</sup> Semester of Academic Year: ot exceed one academic year (2 semesters)		
Signature over P	rinted Name	 Degree Program	
Student N	umber	Term Admitted	
Recommending Approval:	Recommending Approval:	Approved:	
Name and Signature Unit Director	MANUEL JOSEPH C. LOQUIAS, Dr. math Associate Dean for Academic Affairs	. <b>CYNTHIA P. SALOMA, Ph.D.</b> Dean, College of Science	

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