LIM COLLEGE

Undergraduate Admissions Defer Application Form

Student Information

Last Name *First Name* *M*

Street Address

City *State* *Zip*

Home Phone *Cell Phone*

Email *Date of Birth*

Current Application Term

Fall ☐ Spring ☐ Year _____

Defer Application Term

Fall ☐ Spring ☐ Year _____

On a separate page, please outline the reason you are requesting a deferral of your application. Include any plans you have for the period of deferment.

Student Signature *Date*

Office Use Only

LVL _____ STS _____

Approved ☐ Denied ☐ Staff _____