

Graduate Deferral of Admission Request Form

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 graduate@msvu.ca

Student ID#	Last Name	First Name(s)			
Apartment/Street		Town/City		Province	Postal Code
()					
Phone Number	MSVU E	Email Address			
submitted in writing to	le reasons may apply to defer a o the Dean of Graduate Studies . Students granted such deferra ral letter.	s, Chair of the Gra	duate Studies Program & Po	olicy Committee (gradu	ate@msvu.ca), befor
	omit the completed form to the r's Office; Student; Graduate F				py the completed
Degree Program:					
			Requested Start Date:		
(see acceptance lette	er)		(12 months from currer	nt program start date)	
Have you previously	y been granted a deferral o	f admission for	this academic program	?	
🔲 No. 🔳 Yes	, Original program start dat	te:	Deferred prog	ram start date:	
Reason for deferral	of admission:				
			Date		
Dean of Graduate S	Studies Review:				
Decision of Dean of	f Graduate Studies:	Approved	Not Approved	l	
Reason (if not appr	oved):				
Admission Deferred	l to:				
Dean of Graduate S	Studies Signature		Approval Date		

Mount Saint Vincent University abides by the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Freedom of Information and Protection of Privacy (FOIPOP) Act. For further information on these acts, please refer to the University Calendars.