



DEFERRAL REQUEST

Note: Please download or save the form then complete

Name of student:	<input type="text"/>
Program:	Choose an item.
Student Number:	<input type="text"/>
Date (dd/mm/yyyy):	<input type="text"/>
Program Route:	Choose an item.

Program Deferral:

An interval of time when a student is unable and not expected to make progress in their program of study. The time of the deferral is not counted toward the maximum number of years allowed in the program.

Link to Deferral policy and procedures: <https://www.athabascau.ca/graduate-studies/resources/graduate-handbook/index.html#section17programdeferralrequests>

Is this your first request for deferral?

☐ Yes ☐ No

If no, list the dates of previous deferrals.

Reason for request (attach appropriate documentation)

Exact dates for requested deferral (maximum length of deferral is one year):

Start date (dd/mm/yyyy): End date (dd/mm/yyyy):



Athabasca University

Faculty of Graduate Studies

Current funding:

Please list Scholarships/Awards here

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- ☐ I have read the deferral guidelines. I am aware that during the deferral, I will have limited access to the program, University and supervisory resources. No program fees or tuition fees will be charged for deferrals.

Approved

Signature of Student

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Date:

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Signature of Supervisor
(or designate), if
applicable

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☐ Yes ☐ No

Date:

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Signature of Graduate
Program Director

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☐ Yes ☐ No

Date:

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Signature of Dean, FGS
(if third deferral request)

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☐ Yes ☐ No

Date:

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Comments (required if “no” is chosen above):

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The personal information collected on this form is collected under the authority of Section 3(c) of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, contact the Faculty of Graduate Studies at fgs@athabascau.ca