



Reset Form

Application for Deferment Form - International Undergraduate Applicant

If you would like to request to defer you application to the semester after the one you have already applied to, please fill out this form and e-mail it to asu@kaplan.com. Please indicate International Deferral Request in the subject line of your email.

Name:			
ASU ID#:	Date of Birth (Day/Month/Year):		
Reason for Deferral Reques	t:		
	stitution during the semester I am deferr of attending another university. If you w		nother university, you will need to reapply for
If Yes: Institution Name:			
City:	State:	Cou	untry:
Before attending ASU, I will	be in the United States under a Visa:	□ Yes	□ No
If Yes: What type of Visa: _			
If your original application te □ Summer □ Fall	rm is Spring ONLY, please specify which	n term you are re	equesting:
Acknowledge by checking the	ne boxes below:		
☐ I understand that my requand/or I am still enrolled in c		ess than two wee	eks before the start of my current semester
☐ I understand that my requ deferral term.	est may not be processed if my English	Proficiency score	es will be over 2 years old by start date of
☐ I understand that any coumay be cause for denial from		on and the seme	ester I am attending could affect my status and
☐ I understand that if I do no	ot enroll in the semester I am deferring to	o, I will have to re	eapply.
	of this enrollment deposit. I understand		udent account to pay at the time of arrival. I not to come to Arizona State University, I am
Signature or full name:		Da	nte:

When completed, please make a copy of this form for your own records and email the original to: asu@kaplan.com. Please indicate international Deferral Request in the subject line of your email.