



International American University — College of Medicine

Website: www.iau.edu.lc

Toll Free: 888.440.4474

Email: admissions@iau.edu.lc

Admissions Office: 5999 Summerside Drive, Suite 220, Dallas , TX 75252

Admission Deferral Request Form

Please print legibly. All items must be completed.

1. Student's Name: _____
Last (Family) First Middle

2. Current Mailing Address: _____

City	State	Postal or Zip code	Country
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3. Phone Number: _____ 4. E-mail: _____

5. Admitted for: Fall 20 ____ Spring 20 ____ Summer 20 ____

6. Please defer my admission to: Fall 20 ____ Spring 20 ____ Summer 20 ____

7. Please state the reason you wish to defer your admission:

Deferment requests will be considered on a case by case basis. Deferments will be granted only if space is available in the requested semester. Students requesting to defer their date of admission must submit this document along with a US \$500 non-refundable deferment fee to the Admissions Committee. If approved, the seat deposit and deferment fee will be credited toward the first semester's tuition. Students may only defer two semesters and only one deferment request will be honored. In the event the student is still unable to attend the deferred semester, s/he will forfeit their seat deposit and deferment fee and be required to reapply for admission.

Student Signature _____ **Date** _____