



## Sierra States University Deferment Request Form

SEVIS NUMBER:

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LAST NAME:

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FIRST NAME:

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DATE OF BIRTH:

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REQUESTED DEFER Quarter: Please Check the circle and write the date.

CHECK MARK (X)	QUARTER	YEAR
<input type="radio"/>	WINTER	
<input type="radio"/>	SPRING	
<input type="radio"/>	SUMMER	
<input type="radio"/>	FALL	

REQUEST FOR NONDEFERMENT:

- DO NOT DEFER (Student's Initials) \_\_\_\_\_

By signing this document, I understand that I am formally requesting that my I-20 program start date be deferred to the above requested date or not to be deferred until I choose to defer. If I choose to defer at a later date, I understand that I will need to resubmit a new Deferment Request Form.

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Sign

Date