

SOUTHERN UNIVERSITY LAW CENTER

POST OFFICE BOX 9294

BATON ROUGE, LOUISIANA 70813-9294

(225) 771-4976/6297(Ph) * (225) 771-2372 (Fax)

DEFERMENT REQUEST FORM

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

YEAR OF DEFERMENT REQUEST: _____

A deferment is a period during which an individual is entitled to delay his/her enrollment for only one (1) year at the discretion of the administrators of Southern University Law Center. I understand that this deferment does not guarantee a seat for the next school term and that I must submit a new application for the current year along with an application fee. I also understand that my **application fee** and **seat deposit** are **non-refundable**.

REASON(S) FOR REQUEST: _____

My signature below acknowledges that I understand the deferment process at Southern University Law Center.

Applicant Name Date

To Be Completed by Institution

Certification Period

Deferment Starting Date: _____ Ending Date: _____

CANDIDATES MUST CONTACT THE DEPARTMENT OF ADMISSION AND RECRUITMENT FOR INSTRUCTIONS REGARDING DEFERMENT REQUESTS AND PROCEDURES

Approved **Disapproved**

Authorized Name: _____ Authorized Signature: _____

Date of Approval/Disapproval: _____

Please Note: This form must be returned by: _____