

## **DEFERRAL REQUEST FORM**

First Name:	Last Name:
Date of Birth:	Student ID (251*****):
<ul> <li>DEFERRAL ELIGIBILITY:         <ul> <li>You must have been given an offer of admission to Huron University</li> <li>You must have formally accepted your offer of admission on OUAC (or internally, if you have applied on the Huron Connect Portal)</li> <li>You must have met all conditions of your offer of admission and submitted all supporting documentation</li> </ul> </li> <li>REASON FOR DEFERRAL REQUEST:</li> </ul>	
INTENDED ACTIVITIES DURING DEFERRAL PERIOD:	
based scholarships, bursaries, and/or financial aid	e following academic year, but will be guaranteed be deferred to the following year. However, application- d are not eligible for deferral and will, therefore, be consideration. For more information on scholarships and
<ul> <li>Deferral requests will not be approved for those p the deferral period.</li> </ul>	lanning to attend another educational institution during
	se to be refunded or have the funds carried over to the n payments, please contact <a href="mailto:studentbilling@huron.uwo.ca">studentbilling@huron.uwo.ca</a>
Charact	Date

Please submit completed form to <a href="mailto:admissions@huron.uwo.ca">admissions@huron.uwo.ca</a>.