

OFFICE OF UNDERGRADUATE ADMISSIONS Application Update/Enrollment Deferral Request

Student Nan	ne:						
Panther ID:			Date of Birt	h:			
Please check	k all that a	pply:					
College of Nursing and Health Sci			Sciences, School of A	To:guarantee admission to selective programs of study including, but not limite iences, School of Architecture and the Arts.			
	-	ng Enrollment Deferr ange in Application (¡	al olease indicate)				
Update Term of Entry: Current: () Fall Semester(ye			_(year)	Change To:) () Fall Semester _		(year)	
() Spring Semester				() Spring Semester _		(year)	
() Summer Semester			(year)	year) () Summer Semester		(year)	
Iam: ()af	first time ir	n college applicant	() an undergrad	uate transfer	() a form	ner student returning	
Change of A Is this addre		() New	() Permanent		() Local		
Mailing Add	ress:	Street Address				Apt.	
	_	City, State			Country	Zip/Postal	
Telephone:	()		Er	mail Address			
Enrollment I	Deferral R	equest:					
Reason for r	equest: _						
Are you atte	ending ano	ther higher education	n insitution prior to yo	our term of entry?	□Yes]No	
If yes, please	e enter nai	me of insitution:					
Dates of atte	endance (t	o and from):					
If yes, please	e enter the	e expected number of	f credits in progress o	r earned:			
Signature				Date			

Please email the completed form to admiss@fiu.edu or fax to Undergraduate Admissions at (305)348-2100.