



ADMISSION DEFERMENT APPLICATION

Return to: Admissions Department, Medical University of the Americas, 27 Jackson Road, Suite 302, Devens, MA 01434

Students who have already secured placement by paying their tuition deposit may request to defer their admission to a future semester. A deferment is limited to two semesters from the original acceptance date and only one deferment request will be honored. Deferment requests are considered on a case-by-case basis and will only be reviewed if the \$500 non-refundable deferment fee accompanies this application. If approved, your tuition deposit and deferment fee will be credited towards your tuition for the semester in which the deferment was granted. If for any reason you are unable to attend, you must reapply and will forfeit both tuition deposit and deferment fee. If you have any questions regarding this policy, please contact the Admissions Department at (978) 862-9500, extension 512.

Last Name		First Name		M.I.
Street Address		City	State	Zip/Postal Code
Country	Telephone Number		Permanent Email	

Reason for Deferment:

- | | | | |
|--|--|------------------------------------|---|
| <input type="checkbox"/> Visa/Immigration Issues | <input type="checkbox"/> Employment | <input type="checkbox"/> Financial | <input type="checkbox"/> Medical Issues |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Military | <input type="checkbox"/> Other |

Currently admitted to:	<input type="checkbox"/> January	<input type="checkbox"/> May	<input type="checkbox"/> September	Year: _____
	<input type="checkbox"/> Basic Science	<input type="checkbox"/> Pre-Med		
Requested Semester:	<input type="checkbox"/> January	<input type="checkbox"/> May	<input type="checkbox"/> September	Year: _____

By signing this application, I acknowledge the above statements and information to be accurate and complete. I understand that providing false information may result in automatic dismissal from MUA.

SIGNATURE OF STUDENT: _____ DATE _____

FOR OFFICE USE ONLY

Admissions Deferment Approved Denied

AUTHORIZED SIGNATURE: _____ DATE _____