

School of Public and Community Health Sciences

**ENROLLMENT DEFERMENT FORM**

Name: Click here to enter text. ID#: Click here to enter text.

Local Address & Phone #: Click here to enter text.

Program (MPH/CPH): Click here to enter text.

Beginning deferment term (Semester & Year): Click here to enter text.

Term to renew studies (Semester & Year): Click here to enter text.

Reason for request:

Click here to enter text.

Location during Leave of Absence:

Address: Click here to enter text.

Phone #: Click here to enter text.

E-mail: Click here to enter text.

**Master’s Degree** - I understand that all required program elements for the Master’s degree (including non-degree and transfer work completed before the term I was admitted to the program) must be completed within six (6) years of commencing graduate course work at The University of Montana.

Student’s Signature: Date:

Department Chair

Signature: Date:

 Approved  Denied