

Deferment Request

Name _____

Date _____

WID # _____

(found on the top left hand corner of your K-State ID)

Email Address _____

(you will be notified by email when your request is processed)

Reason for Deferment:

Grad Student:

GRA _____

GTA _____

Other _____

International Student _____

Signature _____

FOR INTERNAL USE ONLY

Date Completed: _____

Student Emailed: _____

Mail To: Cashier's Office, 211 Anderson Hall, Manhattan, Ks 66506

Fax To: Cashier's Office 785-532-6454

Phone: 785-532-6317