

DEFERMENT REQUEST

Name _____ Date _____

WID # _____

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

E-mail Address _____

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

Reason for Deferment

GRA _____ GTA _____ GA _____ International _____ Other _____

Student Signature _____

Submittal Instructions:

Mail or drop off at Cashiers and Student Accounts
211 Anderson Hall
Manhattan, KS 66503

or, email to defer@ksu.edu
or, Fax to (785)532-6454

Questions? Email to defer@ksu.edu
or Call (785)532-6317