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DEFERRAL REQUEST FORM

STUDENT INFORMATION (must be the same as passport)

Family (Last) Name: _____

Given (First) Name: _____

Middle Name: _____

CSUEB NET ID: _____

SEVIS ID: _____

WHERE SHOULD THE STUDENT'S I-20 BE SENT?

E-mail: _____ (Updated admission package including I-20 will be sent to this email.)

<p>Which term were you originally admitted for?</p> <p>Year: _____</p> <p>Term: _____</p> <p>Which term would you like to defer your admission to?</p> <p>Year: _____</p> <p><input type="checkbox"/> Summer (May/June)</p> <p><input type="checkbox"/> Fall 1 (August) <input type="checkbox"/> Spring 1 (January)</p> <p><input type="checkbox"/> Fall 2 (October) <input type="checkbox"/> Spring 2 (March)</p> <p>(*Note: Pre-Business Analytics, Pre-Graduate Studies, and Visiting Student Programs start in Spring 1 or Fall 1 ONLY)</p>	<p>Which program are you interested in studying?</p> <p><input type="checkbox"/> Intensive English Program</p> <p><input type="checkbox"/> Visiting Student Program</p> <p><input type="checkbox"/> Pre-Business Analytics</p> <p><input type="checkbox"/> Pre-Graduate Studies</p> <p>Why do you want to defer the admission to Global Academy? (Must choose one)</p> <p><input type="checkbox"/> Visa-related reasons:(Specify: _____)</p> <p><input type="checkbox"/> Academic reasons(Specify: _____)</p> <p><input type="checkbox"/> Other: _____</p>
<p>*DEFERRAL FEE POLICY</p> <p>You may request to defer your application to the next available term at no additional cost. This request will need to be made in writing prior to the first day of the term that you originally applied for and only one free deferral is available per applicant. If you missed the deadline or if you already requested a deferral previously, you will be required to pay a new application fee of \$150.</p> <p>Payment Method: The \$150 non-refundable application fee must be paid either online via CASHNet or in-person at the CSUEB cashier's office. If you're required to pay this fee, please complete the payment and attach the receipt with this form.</p>	
<p align="center">RECRUITERS ONLY - Please fill in ALL areas below</p> <p>Company Name: _____ Company Phone: _____</p> <p>Contact Person: _____ Contact's E-mail: _____</p>	

I certify that the information in this document is true, complete, and accurate.

X _____
Signature of Student (form cannot be processed without a written signature)

Date