

**Deferment Request Form**  
*Email this to: SchoolofNursing@UTRGV.edu*

The University of Texas Rio Grande Valley (UTRGV) School of Nursing accepts limited admissions to a specific term and year. Accepted applicants will enroll for the accepted term.

Complete this form only if unable to accept admission for the selected term/module. If a deferment request is not received within 30 days of the acceptance letter, the applicant must reapply for open future terms. Deferrals are not guaranteed or automatically granted.

If the deferment request is pending or not granted during an open admissions cycle, the applicant is required to submit a new application (non-refundable application fee). If a deferral is granted for the next term, a new application is not required.

An applicant may be approved only once for an admission deferral. Deferment decisions are final and cannot be appealed.

Student's First and Last Name:

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SID#: \_\_\_\_\_

Program you were accepted for: \_\_\_\_\_ BSN Generic \_\_\_\_\_ 2<sup>nd</sup> Degree ABSN

\_\_\_\_\_ RN TO BSN \_\_\_\_\_ MSN \_\_\_\_\_ FNP \_\_\_\_\_ PMHNP \_\_\_\_\_ DNP

Semester and Year Accepted \_\_\_\_\_ Year: \_\_\_\_\_

Semester and Year requesting deferment \_\_\_\_\_ Year: \_\_\_\_\_

*Note: Students may only defer until the next scheduled semester/module for the selected program.*

Rationale for deferment request. Check all that apply.

\_\_\_\_\_ Illness/medical issue\* \_\_\_\_\_ Participation in legal proceedings  
\_\_\_\_\_ Serious illness or death of an immediate family member \_\_\_\_\_ Military Services\*\*

**Attachments:**

\*For reasons of health circumstances: letter from health care provider with diagnosis and statement that enrollment due to health reasons may not be possible.

\*\*For reasons of military obligation: orders demonstrating inability to enroll.

*Note: Financial or employment circumstances are not considered exceptional circumstances for admissions deferral. If the admission deferral is denied, the applicant must enroll, or the offer of admission will be terminated.*

**Other (briefly explain and summarize information to protect your privacy):**

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*\_\_\_\_\_ I understand that if granted a deferment and do not start the program as approved, I will reapply for a future term.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***My signature attests to the accuracy of the above information.***

***Next steps:***

- Deferral request forms will be reviewed by the program Admissions, Progression, and Graduation Committee (APG).
- Applicants will be notified of the deferment decision approximately 14 business days from submission via email.

**Internal Use:**

APG Approved Deferment: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_

***If a deferral is granted for the next term, a new application is not required. An applicant who has been granted a deferral will need to comply with the [newly admitted student requirements](#) before starting the program, including receiving a Texas Board of Nursing Blue Card.***

APG Chair

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature

**APG Chair: Send a copy to the Student via UTRGV email and copy the Program Director and Student Services Manager.**