

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:

SID#: _____

Program you were accepted for: _____ BSN Generic _____ 2nd 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):

 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.