

**GRADUATE STUDENT DEFERMENT/ CHANGE OF TERM REQUEST**

Tennessee Technological University College of Graduate Studies  
PO Box 5012  
Cookeville TN 38505

**Applicant Full Name:** \_\_\_\_\_

**T Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Degree Program:** \_\_\_\_\_

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Please indicate for which semester and year you were approved for admission:

\_\_\_\_\_

Please specify which semester and year for which you expect to begin your program:

\_\_\_\_\_