



INTERNATIONAL TECHNOLOGICAL UNIVERSITY

Deferment Form

NOTE: ALL INFORMATION MUST BE COMPLETED OTHERWISE REQUEST FOR APPROVAL OF DEFER WILL BE DENIED.

Student Information:

First Name: _____

Last Name: _____

Student ID: _____ Email ID: _____

Phone No: _____

Current Address: _____

Admitted Semester: _____

Desired Start of Semester: _____

Reason for Deferment:

Student Signature: _____

Date: _____

Payment Information: (\$30 Deferment Fee for all students except first time international students)

Credit/Debit Card Check Cash.

Please Note:

- Students are required to attach a copy of Credit/Debit Authorization form if paying by Credit/Debit Card.