Pacific States University

DEFERRAL / REISSUE REQUEST

INSTRUCTION

Fill out the form legibly and completely. Submit the form with <u>current bank statement</u> and payment in person at PSU campus or fax to <u>1 (323) 731-7276</u> or email to <u>admissions@psuca.edu</u>. Deferral / reissue processing costs **US\$40.00**.

Please Note

- The deferral request must be submitted within 30 days of the initial program start date (Refer to the date on your I-20 N. # 5).
- The deferral request must not exceed 3 quarters from the initial program start date.
- · The deferral request will only be accepted twice.
- Anything outside of these stated perimeters, then applicant needs to reapply and pay all fees associated with admissions.
- · Admissions Office reserves the right to request additional information and the right to deny any deferral request.

A. Applicant Information	(All required – ple	ase print clearly)			
Last Name (Exactly as it appears on your passport)		First Name		Middle Name	
Current Mailing Address - Street (F	P.O. Boxes is not a	ccepted)			
City		State	ZIP/Postal Code	Country	
Phone Number		E-mail Address		Date of Birth (mm/dd/yyyy)	
Applying for Term (select one)				Year	
Program I			ring Summer ocument(s) reissued or deferra	of application	
		Not enough time for		ed but could not come	
Major		☐ Change of Status has not approved yet ☐ Other (Please specify)			
B. Donondont Informatio			,		
_		Please refer to the REQUI	REMENTS of additional documents for ad	missions and bank statement if you are bringing dependent(s))	
☐ Bringing any dependent(s) (Regard Please specify ☐ Spouse		en (How many?) (If this is a ch	ange from your initial I-20, then \$50 processing fee applies.)	
C. Delivery Method (select		, , , , , , , , , , , , , , , , , , , ,	, ,		
In-Person Pick-Up (Photo identifi	cation is required to	pick up the docume	nt(s))	NO FEE	
				NO FEE	
			ent(s) requested to be delivered v		
				US\$25.00 US\$100.00	
D. Delivery Instruction (s				03\$100.00	
I. Pick-up instructions – for in-pers	·		II. Mailing instructions – for	mail delivery only	
I wish to pick up my document(s) by myself			Mail to current mailing address as shown above		
I wish to authorize the individual below to pick up my document(s)			Mail to different mailing address below (P.O. Boxes is not accepted)		
Full Name (Last, First Middle)			Mailing Label – Print name and address legibly		
,					
Phone Number					
Final Address					
Email Address					
E. Payment Method (selec	et one)				
			Credit Card Number:		
Money Order (payable to Pacific States University)			Expiration Date (mm/yyyy):		
Personal Check (payable to Pacific States University)			CV Code (3 or 4 digit code on the back of credit card):		
		0 00 mlus Sastian C	. T.	otal Due US\$	
	US\$4	0.00 plus Section C	. then enter the total here $ ightarrow T$		
Certification	US\$4	0.00 plus Section C	. then enter the total here 🗲 🚺		
	ter and Form I-20 (f applicable) will auto	omatically be prepared by using the	e information entered on this form. I understand that I will be	
I understand that my Acceptance Lett notified when the document(s) is rea	ter and Form I-20 (ady to be mailed o	f applicable) will auto r picked up. If any i	omatically be prepared by using the information on this form is require	e information entered on this form. I understand that I will be ed to be changed or corrected, I must notify Pacific States	
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