

DUE AUGUST 1st

Send or Email completed application to:

ISU Office of Admissions
921 S. 8th Ave., Stop 8270
Pocatello, ID 83209
admissions@isu.edu

Applicant Information

Full Name: _____ Birth Date: _____
First Last M.I.

Bengal ID: _____ Email: _____ Phone: _____

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

High School: _____

Deferment Information

I have been admitted to ISU for: _____
Semester Year

I am requesting my admission be deferred to: _____
Semester Year

I am requesting an admission deferment for the following reason:

- Church mission
- U.S. military service
- Other government or non-profit volunteer service

If "other" please describe: _____

Verification

I understand the terms and conditions of this Admission Deferment Request and have read the policy information at www.isu.edu/future/defer and/or in the ISU academic catalog.

Signature: _____ Date: _____