

Request for Fellowship Deferment

To the Student: Complete this form and have your Program Executive Officer (and Research Mentor when applicable) sign it. Please return the completed form **via email** to both The Office of the Provost (aellis@gc.cuny.edu and rmaldonado@gc.cuny.edu) and The Office of Fellowships and Financial Aid (financialaid@gc.cuny.edu). You should read the Fellowship Deferral Policy here for details. Please contact Phyllis Schulz, Executive Director of Fellowships and Financial Aid (pschulz@gc.cuny.edu), or Anne Ellis, Director of Graduate Assistant Programs (aellis@gc.cuny.edu), with questions.

Date: _____

Name: _____

Program: _____

Email (GC): _____

Empl. ID: _____

Year of Admission: _____

Doctoral Level: _____

Check the fellowship you have:

Please note: deferment and leave policies vary, read the Fellowship Deferral Policy for details pertaining to your particular award.

___ Graduate Center Fellowship

___ Provost's Enhancement Fellowship

___ CUNY Science Scholarship

___ Neuroscience Fellowship

___ Tuition Fellowship

Semester(s) of requested deferment:

Semester(s): Fall ___ Spring ___

Year(s) _____

TERMS OF DEFERMENT

I understand that by requesting this deferment of my multi-year fellowship, I will not receive my fellowship tuition award or my fellowship graduate assistant appointment/funding for the period of the fellowship deferment. I also understand that if I am not appointed as a graduate assistant (the service requirement/funding of the fellowship), I will no longer be eligible for the NYSHIP health insurance through the Graduate Center. Finally, I am aware that I am only permitted to request a one-year (or two non-consecutive semesters) deferment of my multi-year fellowship. (see Fellowship Deferral Policy)

I agree to the terms of the deferment stated above Yes No

I understand that I also must file an official leave of absence form with the Registrar's Office.

Signature (electronic) _____ Date _____

Reason for Deferment:

- Medical**
- Research**
- Other (specify _____)**

Approval

Signature of Executive Officer _____

Student in Good Academic Standing Yes No

If no, please explain _____

**Signature of Research Mentor
(for CSS and Neuroscience fellowships only) _____**

Approved By _____ Date _____
Associate Provost and Dean for Academic Affairs