

## 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](mailto:aellis@gc.cuny.edu) and [rmaldonado@gc.cuny.edu](mailto:rmaldonado@gc.cuny.edu)) and The Office of Fellowships and Financial Aid ([financialaid@gc.cuny.edu](mailto:financialaid@gc.cuny.edu)). You should read the Fellowship Deferral Policy ([insert hyperlink](#)) form for details. Please contact Phyllis Schulz, Executive Director of Fellowships and Financial Aid ([pschulz@gc.cuny.edu](mailto:pschulz@gc.cuny.edu)), or Anne Ellis, Director of Graduate Assistant Programs ([aellis@gc.cuny.edu](mailto: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 \_\_\_\_\_)**

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**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**