

Deferral Application

Please print in BLOCK LETTERS

Personal details

Name must appear exactly as it is in the applicant's passport.

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Family name:	
Given names:	
Date of birth: DAY / MONTH / YEAR	

Contact details

Include changes in Address (if different from initial application)

Address:	
City:	State/province:
Post code:	Country:
Telephone:	Mobile:
Facsimile:	
Email address:	

Declaration

Please read this declaration carefully:

(If you are under 18 years of age, your parents/guardian MUST also sign)

I declare that all information I have supplied on this form with respect to my application to FAU Global Student Success Program (GSSP) is, to the best of my understanding and belief, complete, accurate and correct. I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrollment. I have read and understand the published course information in the guide or website and I have sufficient information about FAU GSSP to enroll.

I grant FAU GSSP permission to correspond with my parent(s), guardians(s), and recruiter during the application process. I hereby give FAU GSSP permission to obtain official records from an educational institution attended by me. I grant FAU GSSP permission to provide Florida Atlantic University with any information pertaining to my application of study, my ongoing academic progress, my housing, my activities with Student Life at Florida Atlantic University, my results and attendance and other records regarding my studies and activities at FAU GSSP (collectively, my "Student Records") for the purposes of my admission and transfer to FAU GSSP and any other educational programs, GSSP administration and, if I am a minor, or if I have otherwise provided my consent for the use of my Student Records for such purpose, for communicating with my family regarding my status and progress. I understand and agree that Florida Atlantic University may require that I execute a consent or other agreement in order to transfer my Student Records to FAU GSSP, I hereby agree to promptly execute such consents as may be required in order for Florida Atlantic University to release the above-described Student Records to FAU GSSP.

I understand and agree that FAU GSSP may collect my personal information and may share it and my Student Records with Navitas Limited and affiliates for the purposes described herein and for the purpose of communicating with you regarding programs and services offered by Navitas Limited and its affiliates. FAU GSSP, Navitas Limited and affiliates may store my personal information and Student Records in the United States and Australia and may use my personal information and Student Records for the purposes of administering prospective, current and graduate student admissions and enrollment and education. For further information regarding the data collection and use practices and policies, consult our Privacy Policy located at fauglobal.com.

A charge for multiple deferrals may apply to applications.

Unsigned deferral applications cannot be processed.
Recruiters cannot sign on an applicant's behalf.

Applicant's signature: (must be the same signature as in your passport)
Date: DAY / MONTH / YEAR

Address for applications

Admissions Counselor
FAU Global Student Success Program (GSSP)
777 Glades Road
Boca Raton, FL 33431
United States of America
E admissions@fauglobal.com

Program selection

<input type="checkbox"/> Undergraduate GSSP <input type="checkbox"/> Graduate GSSP
Please indicate the year and semester you wish to begin your studies. Year _____ <input type="checkbox"/> January <input type="checkbox"/> May <input type="checkbox"/> August
Preferred major at FAU (mandatory)

Education details

Post-secondary or further Education (if different from initial application)

Name of qualification:
Institution attended:
Dates attended:
Date of completion: DAY / MONTH / YEAR
Country/state:
Language of instruction:

If you are under 18 years of age, your parent or guardian must also sign this application form.

Parent's/guardian's signature:
Date: DAY / MONTH / YEAR

Educational counselor's stamp

Name:
Office code:
Address:
Email address:
Phone number: