



IELP/Undergraduate Offer Deferral Policy

Office of the Registrar

1812 Sir Isaac Brock Way,
St. Catharines ON L2S 3A1
T: 905.688.5550 F: 905-988-5488
Extension: 3052
www.brocku.ca/registrar

1. If a change in IELP starting date is requested by the applicant (for whatever reason including Study Permit denial), a \$100 fee (CANADIAN FUNDS ONLY) payable to Brock University, will be required. Please submit your payment using a Credit Card. Applicant must also send the completed Deferral Request Form (see below).
2. Deferrals will be granted to the next IELP session only, and only granted once. **If a student fails to show for the deferred session, all fees paid to date will be forfeited and your Conditional Offer made VOID.**
3. Deferrals must be made before the response date on the response form.
4. **NOTE:** Your Conditional Offer will become VOID if you are absent for more than one IELP session after your studies have begun.

IELP/Undergraduate Deferral Request Form

Student Surname: _____
 Given Names: _____
 Brock ID#: _____
 IELP Session Deferring to: _____

(I understand the IELP/Undergraduate Offer Deferral policy: any fees paid to date will be forfeited and the offer made VOID if a student fails to show for the session deferred to)

Authorizing Signature: _____ Print Name: _____
 (student or authorized agent)

Fax to:

Admissions, Office of the Registrar
 Attention: IELP Conditional Deferral Request
 Brock University
 1812 Sir Isaac Brock Way,
 St. Catharines, Ontario
 Canada L2S 3A1

Phone: 905 688-5550 ext. 4068 Fax number: 905 988-5488

PAYMENT INFORMATION

Method of Payment: VISA (CCV) I_|_|_|_|_| MasterCard

Name on Credit Card: _____

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|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|
| Credit Card No. | | | | | | | | | | | | | | | Expiry Date (MM/YY) | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|

Signature of Card Holder: _____

Date (MM/DD/YY): _____