McKnight Doctoral Fellowship (MDF) Deferment Request Form

Student Name: (printed or typed)			University:	
		(printed or typed)	MDF Start Year:	
l.	REASON FOR DEFERMENT			
	A. If you are requesting a deferment due to <u>alternative/supplemental funding</u> , complete the following.			
	Name or Source of Funding			
		Amount of Funding per semester or funding	period (specify funding period)	
	В.	If you are requesting a deferment for <u>anothe</u>	ou are requesting a deferment for <u>another reason</u> , please explain.	
II.	DURATION OF DEFERMENT – Specify the start and end dates and semesters		and end dates and semesters	
	Start Date & Semester:			
	En	d Date & Semester:		
Ш		KNIGHT ACTIVATION/RE-ACTIVATION — Spe yments should be (re-)activated.	ecify the date and semester your McKnight stipend and/or fee	
	Stu	ident Signature:	Date:	
			FEF STAFF USE ONLY	
Date, Deferment Letter emailed/mailed				
NOT		ICATION DEADLINE, MDF (RE-)ACTIVATION		
	Date,	Actual Return from MDF Deferment		
	Reaso	n, if actual return date differs from that specified in	the deferment letter	