

Regents' Scholarship

Deferral/Leave of Absence Application

Students must enroll full-time (12+ credits) at an eligible Utah college within 12 months of high school graduation in order to receive the scholarship award. Students must obtain an approved deferral/leave of absence if they do not enroll within 12 months of high school graduation; failure to do so may result in disqualification and loss of scholarship funds. **All documents related to the Regents' Scholarship should be mailed to:**

Utah System of Higher Education
Regents' Scholarship
PO Box 145114
Salt Lake City, Utah 84114-5114

Part I. Student Information

Please print clearly

1. First Name _____ Middle _____ Last _____
 2. Mailing Address _____ City _____ State _____ Zip _____
 3. Telephone Number (_____) _____ - _____
 4. E-mail address _____

Part II. Deferral/Leave of Absence Information

5. List the Utah college or university you plan to attend or are currently attending _____
 6. Indicate if you are seeking a deferral or a leave of absence (check one)
 Deferral (you have not enrolled in college)
 Leave of Absence (you have enrolled in one or more semesters prior to taking a leave from school)
 7. Check the reason you are requesting a leave of absence
 Medical/Health Military Humanitarian/Religious Service Other (please specify) _____
 8. Provide the date for which you are seeking the deferral/leave of absence to begin. ____/____/____
 9. Indicate the semester for which you are requesting an approved deferral/leave of absence:
 a) the semester you anticipate that your leave will begin (check one):
 Fall Winter Spring Summer Academic Year ____/____
 b) the semester you anticipate that you will re-enroll (check one):
 Fall Winter Spring Summer Academic Year ____/____
 10. Anticipated graduation date (check one): Fall Winter Spring Summer Academic Year ____/____
 11. Provided a written, signed statement (one page maximum) providing reasons for requesting a deferral/leave along with any supporting documentation.

Part III. Signature Statement

I understand that by submitting this form, it does not guarantee that the scholarship committee will grant me a deferral/ leave of absence. In addition this is **not** an approval for deferral/leave of absence from the institution I plan to attend or am attending. and that I must comply with the institution's deferral/leave of absence process. I certify that all information regarding my request for a deferral/leave of absence is true and correct.

Student Signature

Date

For Office Use Only

Approved _____ Approved with conditions _____ Denied _____

Authorizing Signature: _____ Date: _____