



## REQUEST TO DEFER PROFESSIONAL RESPONSIBILITY

Name \_\_\_\_\_ U# \_\_\_\_\_

Current Semester/Year: \_\_\_\_\_ Full-time Day      Parttime      Credits Completed: \_\_\_\_\_

Your cumulative GPA: \_\_\_\_\_

Reason for Request \_\_\_\_\_  
\_\_\_\_\_

If this deferment is granted, I agree to register for and take Professional Responsibility the next semester it is offered. I understand this a is required course and must be taken in order to graduate.

I, \_\_\_\_\_ (print name), have read the above statements and agree to comply.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Associate Dean for Academic Affairs' Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Associate Dean for Academic Affairs' Signature

\_\_\_\_\_  
Date