



State Board of Regents  
 New Century Scholarship Program  
 P.O. Box 145116  
 Salt Lake City, Utah 84114-5116

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 Fax: 801.321.7168  
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 E-mail: newcentury@utahsbr.edu

## New Century Scholarship Deferral / Leave of Absence Application

Students must obtain an approved deferral if they do not enroll full-time (12+ credit hours) within 12 months of high school graduation. A Leave of Absence is required if a student ceases continuous enrollment. A deferral or leave of absence may be granted for military and humanitarian/religious service, documented medical reasons, and other exigent circumstances. **All documents related to this application should be mailed to the address above.**

### Part I. Student Information

Please print clearly

1. First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 2. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 3. Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ 4. Cell Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 5. E-mail address \_\_\_\_\_

### Part II. Deferral/Leave of Absence Information

6. List the Utah college or university you plan to attend or are currently attending \_\_\_\_\_  
 7. Indicate if you are seeking a deferral or a leave of absence  
 Deferral (you will not enroll in college within 12 months of high school graduation)  
 Leave of Absence (you have enrolled in one or more semesters prior to taking a leave from school)  
 8. Check the reason you are requesting a leave of absence  
 Medical/Health  Military  Humanitarian/Religious Service  Other (please specify) \_\_\_\_\_  
 9. Provide the date on which you are seeking the deferral/leave of absence to begin. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 10. Indicate the semester in which you anticipate your leave will begin: (check one and provide academic year)  
 Fall  Winter  Spring  Summer - Academic Year \_\_\_\_/\_\_\_\_  
 11. Indicate the semester you anticipate you will re-enroll: (check one and provide academic year)  
 Fall  Winter  Spring  Summer - Academic Year \_\_\_\_/\_\_\_\_  
 12. Anticipated graduation date (check one):  Fall  Winter  Spring  Summer - Academic Year \_\_\_\_/\_\_\_\_  
 13. Provide a written, signed statement containing your reasons for requesting a deferral/leave of absence and provide supporting documentation.

### Part III. Acknowledgement & Signature

*"I understand by submitting this form I am not guaranteed a deferral/leave of absence. In addition, I acknowledge this is **not** an approval for leave of absence from the institution I plan to attend or am attending, and I understand I must comply with the institution's leave of absence policy. I further acknowledge any deferral/leave of absence granted will not extend the five year maximum eligibility period which began on the date of my high school graduation. 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 \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

