

McKnight Doctoral Fellowship (MDF)
Deferment Request Form

Student Name: _____
(printed or typed)

University: _____

MDF Start Year: _____

I. REASON FOR DEFERMENT

A. *If you are requesting a deferment due to alternative/supplemental funding, complete the following.*

Name or Source of Funding _____

Amount of Funding per semester or funding period (specify funding period) _____

B. *If you are requesting a deferment for another reason, please explain.*

II. DURATION OF DEFERMENT – *Specify the start and end dates and semesters (e.g., “1/4/18, Spring 2018”)*

Start Date & Semester: _____

End Date & Semester: _____

III. MCKNIGHT ACTIVATION/RE-ACTIVATION – *Specify the date and semester your McKnight stipend and/or fee payments should be (re-)activated.*

Student Signature: _____ Date: _____

FEF STAFF USE ONLY

Date, Deferment Letter emailed/mailed _____

NOTIFICATION DEADLINE, MDF (RE-)ACTIVATION _____

Date, Actual Return from MDF Deferment _____

Reason, if actual return date differs from that specified in the deferment letter _____