McKnight Doctoral Fellowship (MDF)
Deferment Request Form

Student Name: ___________________________________________  University: _______________________
(printed or typed)  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

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 ___________________________________________________________________

Revised 8/24/18