

Deferment Request Form

Health & 2nd Tier Admission Programs



This form is required to initiate a **Deferment Request** for students admitted to a **Health & 2nd Tier Admission Program** who are unable to begin the program in the semester they were accepted. By submitting this form, the student is formally requesting to defer their program application and start in the **next available admission cycle** instead.

Deferments are granted **only for specific accommodations** or documented extenuating circumstances. These must be **unforeseen, serious, and unavoidable circumstances** that prevent an admitted student from starting the program in the semester they were accepted.

Examples of situations that may qualify:

- Medical emergencies
- Military deployment
- Pregnancy-related accommodations

Note: Deferments are **not available** to students with **alternate status** or for those who have **already started and are currently enrolled** in the program.

Examples of situations that typically do not qualify:

- Travel or vacation plans
- Work or scheduling conflicts
- Feeling unprepared or not ready to start
- Financial difficulties
- Desire to take a break or gap semester
- Failure to meet program requirements and deadlines
- Academic unreadiness or ineligibility

If a deferment is approved:

- The student must meet **all admission and entrance requirements** for the semester in which they **start** the program, even if they completed the requirements in the previous semester.
- Failure to do so will result in ineligibility to start the program, and the student's application will be **closed**.
- If the student's application is closed, they must reapply during a future admission cycle to be reconsidered for a seat in the program.

Submit to: Health & 2nd Tier Admissions Office at healthadmissions@wccnet.edu or [Student Welcome Center](#) (2nd Floor, Student Center).

TO BE COMPLETED BY STUDENT:

Student Name: _____ **Student ID:** _____

Please select the program you are admitted into:

- | | |
|--|--|
| ☐ Dental Assisting (CFDAC)-Pathway I (Campus) | ☐ Dental Assisting (CFDAC)-Pathway II (ADAEP) |
| ☐ Nursing, Registered (APNURS) | ☐ Nursing, License Practical Nurse to Registered Nurse (APNURL) |
| ☐ Physical Therapist Assistant (APPTA) | ☐ Surgical Technology (APST) |
| ☐ Radiography (APRAD) | ☐ Computed Tomography (CPCTOM) |
| ☐ Magnetic Resonance Imaging (CPMRIP) | ☐ Mammography (CPMAM) |

Please select the semester and indicate the year you were admitted to the program and originally expected to start:

- ☐ Fall Semester - Program Start Year: _____
- ☐ Winter Semester - Program Start Year: _____
- ☐ Spring/Summer Semester - Program Start Year: _____

Deferment Request Form *(continued)*

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Please select the reason for your request and provide the relevant dates:

- ☐ Medical Emergency - Relevant Dates: _____
- ☐ Military Deployment - Deployment Dates: _____
- ☐ Other - Reason: _____ Relevant Dates: _____
- ☐ Pregnancy-Related Accommodations - Expected Due Date: _____

Pregnant students must also:

- Visit [WCC's Pregnant Student Rights](#) website to officially request accommodations.
- Contact the [Dean of Students Office](#) for questions or assistance.

Please provide a detailed explanation of your situation and why you are requesting a deferment:

Documentation (e.g., medical records, military orders, etc.) must be submitted to support your claim.

I acknowledge that I have fully read and understand the information provided on this form. I have included a clear explanation of my situation above and have included all necessary documentation to support my request.

Student Name: _____ **Student ID:** _____

***Student Signature:** _____ **Date:** _____

Phone Number: _____ **WCC Email:** _____

Please note: It may take up to **three (3) weeks** for your request to be reviewed. All updates regarding the status of your request will be sent to your **WCC student email** account.

***Electronic signatures are valid only if sent from the student's WCC email.** Paper forms must have a handwritten signature.