



**University of Belize
Office of Admissions**

Request for Deferral

Applicant Information

Date: Student ID#
Student name: DOB:
Address:
Telephone/Cell No. Email:

Deferral Information

Program Code: Program Name:
Enrollment Status: Fulltime Part-time
Enrollment Campus: Belmopan Belize City Toledo Central Farm
Semester Deferred to: First, August Year 20 Second, January Year 20
Reason for Request:

Payment Details

Receipt #:
Paid to: UB Accounts Office Belize Bank Atlantic Bank Other please specify

*Select or write payment options *Kindly attach copy of receipt.

For Office Use Only

Date Received Receiving Officer Sig.