

****[Your Institution's Letterhead]****

[Date]

[Applicant's Name]

[Applicant's Address]

[City, State, Zip Code]

Dear [Applicant's Name],

Subject: Deferment Letter Guidelines

We appreciate your application for admission to [Program/Institution Name]. If you wish to defer your enrollment, please follow the guidelines outlined below:

1. ****Eligibility****: Clearly state your reasons for requesting a deferment. Acceptable reasons include [e.g., health issues, personal circumstances, travel, etc.].
2. ****Documentation****: Include any necessary documentation to support your deferment request, such as [medical reports, letters of support, etc.].
3. ****Request Format****: Submit your deferment request in the following format:

- Date of request
- Your full name and application ID
- Specific reasons for deferment
- Proposed new start date
- Any supporting documents

4. ****Deadline****: Ensure your request is submitted by [insert deadline], as late submissions may not be considered.

5. ****Contact Information****: If you have questions or need further information, contact us at [insert email/phone number].

Thank you for your attention to these guidelines. We look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Title]

[Institution Name]

[Contact Information]