



Name _____

BURMAN ID # _____

Contact # (Cell preferred) _____

Burman Email _____

your Burman email account will be used for communication

6730 University Drive
Lacombe AB T4L 2E5
Phone: 403/782-3381
ext. 4016
Email: SFS@burmanu.ca
Website: www.burmanu.ca

Scholarship Deferral Request

What term(s) are you requesting a deferral for? _____

When do you plan to return to Burman? _____

Reasons for Deferral

Reasons for requesting a deferral.

Will you complete any post secondary course work during this time? _____

How many credits will you transfer into your program at Burman? _____

Student Signature

Date

For Office Use Only

Date Received: _____

Scholarships Affected: _____

Comments : _____

Department Approval _____

Finance Signature

_____ Date

BURMAN UNIVERSITY
Scholarship Deferral Form