

APPLICATION FOR A DEFERRAL

This application form is used to request to defer one or more PREP requirements. Please read and follow the attached instructions to avoid delay or rejection of your application.

Student Information	
Last Name	First Name
Email	Phone
Request	
I request to defer the following: <ul style="list-style-type: none"> <input type="checkbox"/> <i>Foundation Modules</i> <input type="checkbox"/> <i>Foundation Workshops</i> <input type="checkbox"/> <i>Virtual Firm</i> <input type="checkbox"/> <i>Capstone Assessment</i> 	
Reason for Deferral	Supporting Documentation
I request to defer for the following reasons: <ul style="list-style-type: none"> <input type="checkbox"/> Illness/Medical Condition <input type="checkbox"/> Religious Observance <input type="checkbox"/> Domestic Affliction/Bereavement <input type="checkbox"/> Other Special or Unusual Circumstance, namely: 	I am providing the following documentation in support: <ul style="list-style-type: none"> <input type="checkbox"/> Medical documentation <input type="checkbox"/> Letter from my religious organization <input type="checkbox"/> Death certificate, accident report, or similar evidence <input type="checkbox"/> Other (specified below) The above documentation is: <ul style="list-style-type: none"> <input type="checkbox"/> Attached <input type="checkbox"/> To follow
Additional Information (attach a separate sheet if required):	

I confirm that I have read and understood the instructions and requirements of this form and that all the information and documentation provided in support of this application are accurate and true. Further, I authorize CPLED and my Law Society to contact those who have provided documentation submitted in support of this application, including but not limited to medical documentation, for purposes of verifying authenticity.

Student Signature	Date [YYYY-MM-DD]
Decision (Office Use Only)	
<input type="checkbox"/> Approved without conditions <input type="checkbox"/> Approved with conditions	<input type="checkbox"/> Denied
Conditions, if any:	Reasons for Decision: <ul style="list-style-type: none"> <input type="checkbox"/> Reasons do not indicate serious illness or extraordinary circumstances beyond student's control <input type="checkbox"/> Insufficient documentation <input type="checkbox"/> Other
Other Comments (attach a separate sheet if required):	
CPLED Representative Signature	Date [YYYY-MM-DD]