Request to Defer Admission

Broadway campus
1155 East Broadway, Vancouver, B.C. V5T 4V5

Downtown campus
250 West Pender St., Vancouver, B.C. V6B 1S9

p: 604.871.7000, option 4
e: admissions@vcc.ca
vcc.ca

If you received a letter of acceptance and you paid any required commitment fees, you may request to defer your admission to an intake that starts within one year of your original intake. If your deferral is approved, you do not need to resubmit educational documents or pay an application fee. Defer requests do not guarantee a seat in your desired intake.

1. Personal information

Student ID

Last name (family name) | First name

Phone | Email

2. Original acceptance / application information

Name of the program as shown on your letter of acceptance or your waitlist notification

Term of original intake | Year of original intake

3. Defer information

You may request to defer your acceptance if:

- you have paid any required commitment fee for your original intake
- you defer to an intake that starts within one year of your original intake (e.g. you were accepted to Fall 2026 and you defer to Fall 2027)
- your request is for a program that accepts defer requests
- your request is for the Dental Hygiene Diploma, BScN, or BScN Advanced Entry program and you have medical evidence of an acute health event, exacerbated chronic condition, pregnancy or similar circumstances

Term of desired intake | Year of desired intake

4. Declaration and signature

☐ I understand that I may only request to defer my admission and the non-refundable commitment fee one time.

☐ I understand that submitting this request does not guarantee a seat in my desired intake.
*Indigenous students should contact indigenous@vcc.ca for more information.

☐ I understand that approval of my request is subject to seat availability and approval.

☐ I certify that the information I have provided in this request is complete and accurate and may be verified by VCC. I understand that falsifying any documents or information submitted will result in immediate cancellation of my admission or registration at VCC.

Student signature | Date

CO_COMA_0072_REOF_20250429

The information on this form is collected under the authority of the BC Freedom of Information and Protection of Privacy Act (1996) and is needed to process any changes in your student record. If you have any questions about the collection and use of this information contact the Registrar's Office.