



MOREHOUSE

SCHOOL OF MEDICINE

Enrollment Verification/Deferment Form

Name: _____

Date: _____

Student ID #: _____

Email or Phone: _____

Select the Method of Delivery

Student Pick-up

Campus Mail Box

Fax: _____

US Mail (Please print the complete address below)

of copies: _____

(Please allow 5 Business days for processing)

Student Signature: _____