



*University of Tennessee*

**College of Education, Health, and Human Sciences**

Complete and return to:  
Dr. Cheryl Kershaw, Coordinator  
Office of School-Based Experiences  
331 Bailey Education Complex  
1122 Volunteer Boulevard  
Knoxville, TN 37996

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## DEFERRAL REQUEST FORM

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*This request must be submitted in person to Dr. Cheryl Kershaw and a meeting scheduled to discuss future options. Please note that the standard time frame for deferral of the internship program is not to exceed two years. For re-entry into a program, you must maintain communication with your program coordinator. Please consult with your individual program coordinator to determine the steps to be taken should you decide to return. Attending an Intern Orientation session is an additional requirement.*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Program to which you are requesting a deferral: \_\_\_\_\_

Please indicate the term to which you wish to defer your internship: \_\_\_\_\_

***Mailing Address and Contact Information:***

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Address Valid Until: *(month/day/year)* \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

**\* Please notify our office if you have a change in address.**

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\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Program Coordinator Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Coordinator of School-Based Experiences Signature*

\_\_\_\_\_  
*Date*