Florida Fund for Minority Teachers, Inc.

MTES Deferment Request

Name: _____
First Middle Last

SS#: _____ Institution: _____

I am requesting a deferment of my MTES funding from _____ semester until the _____ semester.

The reason I am requesting a deferment is:

____Will not be enrolled ____Will be enrolled less than half-time
____ Other:_____

Please explain:

_____

_____

_____

_____

_____

_____

_____

_____

Do not write below this line.

____ Granted ____ Denied FS _____

_____ Date logged in database _____ Initials

_____
Michael V. Bowie
Executive Director, FFMT