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U.S. Department of Transportation  
Maritime Administration

## REQUEST FOR DEFERMENT OF SERVICE OBLIGATION

**PART I. INSTRUCTIONS:** The applicant must complete Part I. The form must then be submitted to the President/Superintendent of the maritime school from which the applicant graduated, for completion of Part II, before forwarding to the Maritime Administration. The Maritime Administration will notify the applicant of the decision made on the deferment request.

|                               |                           |
|-------------------------------|---------------------------|
| 1. Name (Last, First, Middle) | 2. Social Security Number |
|-------------------------------|---------------------------|

|   |
|---|
| 3. Home Address (Street, City, State, Zip Code) |
|---|

|  |                            |                       |
|--|----------------------------|-----------------------|
| 4. Deferment Dates (Month / Year)<br>From _____ To _____ | 5. Name of Maritime School | 6. Year of Graduation |
|--|----------------------------|-----------------------|

|   |
|---|
| 7. Graduate School Information<br>Name of Graduate School |
|---|

|                                 |
|---------------------------------|
| (Street, City, State, Zip code) |
|---------------------------------|

|   |
|---|
| Title of Graduate Program (Attach to this form an acknowledgement from the graduate school that you have been accepted) |
|---|

|                                 |
|---------------------------------|
| Description of Graduate Program |
|---------------------------------|

|                           |      |
|---------------------------|------|
| 8. Signature of Applicant | Date |
|---------------------------|------|

**Part II. MARITIME ACADEMY PRESIDENT/SUPERINTENDENT RECOMMENDATION**

I find \_\_\_ do not find \_\_\_ the applicant meets the standards of superior academic and superior discipline warranting grant of deferment for further study as prescribed in 46 CFR 310.7(b)(9) and 46 CFR 310.58(g).

|         |
|---------|
| Remarks |
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|                                      |      |
|--------------------------------------|------|
| Signature (President/Superintendent) | Date |
|--------------------------------------|------|

FOR MARITIME ADMINISTRATION USE ONLY

|  |                                 |
|--|---------------------------------|
| Academies Program Officer, Maritime Administration | ___ Approve      ___ Disapprove |
|--|---------------------------------|

|         |
|---------|
| Remarks |
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|                                       |      |
|---------------------------------------|------|
| Signature (Academies Program Officer) | Date |
|---------------------------------------|------|