

Request for Deferral of JKAT

The College may grant a deferral to a member selected to participate in the JKAT upon receiving this completed form and if the reason for the request meets specific criteria. Every request is considered individually. Please complete, sign and date the form below, and return it by [the deadline indicated in the notification email](#).

Email the form to:

Bev Nopra

gacoordinator@collegeofdietitians.org

Name: _____ Registration #: _____

Contact information: Email/Telephone: _____

Check the appropriate box to indicate the reason for your request

| | |
|---|---|
| <input type="radio"/> Major illness or self/family crisis | <input type="radio"/> On leave of absence until |
| <input type="radio"/> On Maternity/ Parental Leave until | <input type="radio"/> Other: |

Please provide details, such as supporting MD letter (if applicable)

Signature _____ Date: _____