

**REQUEST FOR WAIVER OF ENROLLMENT REQUIREMENTS
FOR STUDENTS ON GTA/GRA/GA OR GRADUATE
FELLOWSHIPS OF 25% OR MORE**

DATE: _____ **STUDENT NUMBER:** _____

STUDENT NAME: _____

DEPARTMENT/DEGREE SOUGHT: _____

EXPECTED GRADUATION DATE: _____

SEMESTER/HOURS ENROLLED: _____

TYPE OF APPOINTMENT/FELLOWSHIP AND FTE: _____

JUSTIFICATION OF WAIVER:

FOR TERMINAL SEMESTER WAIVERS:

I understand that if I do not finish in the semester indicated above, I will enroll in 9 credit hours the next regular semester or 3 credit hours the next summer session.

STUDENT SIGNATURE

REQUESTED BY: _____
ADVISOR

APPROVED BY: _____
DEPARTMENT CHAIR

DATE NOTED: _____
OFFICE OF GRADUATE STUDIES