RESET

To be submitted to the College of Arts and Sciences for approval at 010 Longmire, Mail Code 1280

TUITION WAIVER POLICY EXCEPTION REQUEST FORM

1. Student's Name (LAST, First and Middle Initial):

2. Student ID Number:

3. Date Request Submitted:

4. Program (check one): ☐ Master's ☐ Specialist ☐ Doctoral

5. Department:

6. Credit hours completed in current degree program:

7. A) Term of request (the request must be for a single term): Select One Term Only Year:

B) Credit hours the student will take this semester:

8. A) Is the student graduating this semester: ☐ Yes ☐ No

B) If no, expected date of graduation:

9. What type of assistantship does the student receive? ☐ RA ☐ TA ☐ None

10. Justification for request (please be specific):

11. Does the Department support this request? ☐ Yes ☐ No

Departmental Signature Date

12. Dean of Arts and Sciences' approval: ☐ Yes ☐ No

13. Conditions for Approval:

Dean's Office Signature Date

Revised 12/12/2005