

TUITION WAIVER UNDERLOAD REQUEST FORM

(For any graduate assistant and/or fellowship holder)

****Program of study/ credit hours to completion requirements must also be submitted****

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

2. Student's Department: _____ 3. Date Request Submitted: _____

3. Program (check one): _____ Master's _____ Specialist _____ Doctoral

a. Master's degree program type (check one): _____ Thesis _____ Non-Thesis

4. Number of doctoral dissertation or master's thesis (if applicable) hours completed: _____

5. Date of doctoral dissertation or master's thesis defense: _____

6. Required course work is completed (check one): _____ Yes _____ No

7. Credit hours completed in current degree program: _____

8. Underload waiver requested for:

Year: _____ (check one): _____ Fall _____ Spring _____ Summer

9. Credit hours the student will take this semester: _____

10. Is the student graduating this semester (check one)? _____ Yes _____ No

If no, expected date of graduation: _____

11. Justification for request (**please be specific**):

12. As the Academic Dean/Departmental Chair, do you support granting a tuition waiver for the reduced credit hours? (circle one) Yes No

Academic Dean or Departmental Chair Name (Please Print)

Academic Dean or Departmental Chair Signature

Date

13. Dean of Graduate Studies' approval (circle one): Yes No

If not approved, reason for denial: _____

Dean of Graduate Studies Signature

Date