

**Division of Graduate Studies**

**Request for Exception to Full-Time Enrollment Requirement for Graduate Assistant Appointees**

This form is to be used for Graduate Assistants nearing completion of their coursework requirements, but needing fewer than eight (8) credit hours to complete their degree work. Other extenuating circumstances may be considered but typically will not be granted.

This form must be initiated by the student, reviewed and signed by the employing department’s Chair/Director and the appropriate College Dean before submission to the Division of Graduate Studies. Because this request is for exception to a university enrollment requirement, final approval is at the discretion of the Dean of Graduate Studies.

Forms **must** be received in the Division of Graduate Studies Office (124 Auditorium Building) four (4) weeks PRIOR to the beginning of the semester for which the exception is requested. Exemptions are not likely to be granted for more than 1 (one) semester (or summer term).

**Please print legibly:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name Student ID Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Program/Degree Semester/Year Requested**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit Hours Needed to Complete Program Employing Department**

**Please describe reasons for this request:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Date Employing Chair/Director Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College Dean Date Dean, Graduate Studies Date**

Cc: College

 Student

 Department/School