

APPLICATION FOR WAIVER OF TUITION

PART 1:	(To be completed b	y student prior to	registration)

Name	e Employing Unit			
	Stree	et Address		
City		State	Zip	
APP	OINTMENT OR POSITION HELD	MAXIMUM NUMBER OF CREE WHICH MAY BE WAIVED PER		
[FELLOW		;	
[GRADUATE ASSISTANT			
TEACHING ASSISTANT				
RESEARCH ASSISTANT				
□ INTERNE				
PART-TIME FACULTY MEMBER				
[FOREIGN STUDENT			
ABOVE, AND REQ	UEST APPROVAL OF WAIVER OF TUITION AS IND			
Terr	m Year	Maximum Credit Hours Amount	to be Waived	
	Signature of Applicant Social Security Number		Date	
PART II: (To	be completed by Administrative Officer)			
	D DISAPPROVED (indicate re	eason)		
		Dean, Graduate Studies		
	Authorized Signature	Title	Date	
PART III: (To	b be completed by student after courses have beer	n selected)		
	COURSES FOR WHIC	CH WAIVER IS REQUIRED		
COURSE No.	COUF	RSE TITLE	CREDIT HRS.	
		ΤΟΤΑΙ		