

TUITION WAIVER POLICY EXCEPTION REQUEST FORM

It is the student's **responsibility** to contact the Office of Financial Aid to see how this award may impact his/her financial aid.

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): 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