

GRADUATE SCHOOL OF ARTS AND SCIENCES

REQUEST FOR TUITION WAIVER
(REQUEST FOR TEACHING ASSISTANTS, RESEARCH FELLOWS, AND NUTAS)

Name: _____ ID#: _____
(First Name) (Last Name)

Department: _____ Degree Program: _____

Advisor's Name: _____

Year Entered: _____ Total QH's Completed to Date: _____ Is OPA above 3.0: YES NO

Registration for _____
(Quarter) (Year)

COURSE #	COURSE NAME	QUARTER HOURS	REMISSION (Y/N)*

*Department should indicate "YES" if tuition is remitted or "NO" if tuition is to be the responsibility of the student.

TOTAL CREDIT HOURS OF
TUITION REMITTED:

The above course selections have been agreed upon by advisor and student. It is understood that if there are any deviations from these specific courses, it is the student's responsibility to notify the department and advisor. Academic and/or financial consequences may result if this is not followed.

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Distribution: White: Department Yellow: Student

INSTRUCTIONS FOR REQUESTING TUITION WAIVER

1. Complete this form with your departmental advisor. You must both sign where indicated.
2. Turn in the WHITE copy to your department. Keep the YELLOW copy for your records.
3. This form must be completed and turned in NO LATER THAN THE END OF THE SECOND WEEK OF THE QUARTER.
4. ANY changes in your registration must be reported to your department and your advisor as soon as possible. You will be required to fill out an updated request for tuition waiver.

**FAILURE TO FOLLOW THESE INSTRUCTIONS MAY
RESULT IN A FINANCIAL/REGISTRATION BLOCK**