

# Graduate Assistantship and/or Tuition Award Extension Request



The University of Akron  
**Graduate School**

EMPL ID#: \_\_\_\_\_ UA E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

International Student       Domestic Student →  In-State       Out-of-State

Academic Department: \_\_\_\_\_

Master's Student       Doctoral Student      SCH Required for Degree: \_\_\_\_\_ SCH Accumulated: \_\_\_\_\_

Requesting extension through: \_\_\_\_\_

Graduate Assistantship Extension Request      GA Semesters Accumulated: \_\_\_\_\_

Department of Service: \_\_\_\_\_

Teaching Assistant       Research Assistant       Administrative Assistant

Tuition Award Extension Request      Tuition Award Semesters Accumulated: \_\_\_\_\_

Reason for request for extension:  
*Please describe with specific detail the circumstance that merits consideration for an extension of a Graduate Assistantship or Tuition Award funding.  
Additional sheets may be attached if necessary.*

For Graduate School Use Only  
*The extension is granted with the following contingencies or conditions.*

\_\_\_\_\_  
Appointee Date

\_\_\_\_\_  
Chair/Director of Appointee's Academic Department Date

\_\_\_\_\_  
Head of Service Department or Grant Director  
(if different from the Chair/Director of the academic department) Date

\_\_\_\_\_  
Graduate School Approval Date