Date Received by the Graduate School:

## Graduate Assistantship Full-Time Enrollment Exception Request



For use by Graduate Assistants in the final semester of degree completion needing fewer than 9 SCH Fall, 9 SCH Spring, or 6 SCH Summer. It is unlikely that an exception will be granted for more than one semester or in any other circumstance.

EMPL ID#:	UA E-Mail:		Date:	
First Name:	MI:	Last Name:		
Street Address:				
City:		State:	Zip:	
International Student	☐ Domestic Student → >	In-State		
Academic Department:				
Master's Student	Doctoral Student	SCH Required for Degree:	SCH Accumulated:	
Anticipated Graduation:				
Department of Service:		GA Semesters Accumulated:		
Teaching Assistant	Research Assistant	Administrative Assistant		
Graduate School Funded	Department Funded	Grant Funded CIGA (Community/Industrial Graduate Assistantship)	Start-up Funded	
Tuition Award SCH Requested:				
For Graduate School Use Only The exception is granted with the foll	owing contingencies or conditions.			
		Appointee		Date
		Chair/Director of Appointee's Academ	ic Department	Date
		Head of Service Department or Grant (if different from the Chair/Director of		Date
		 Graduate School Approval		Date