

**Graduate Associate Request
for Approval to
Register for Fewer than 9 Semester Hours**

Name _____ Date _____
(Print)

Address _____ P.O. Box _____
_____ Telephone _____

Graduate Program _____ Concentration _____

Graduate Associate Position _____ Supervisor _____

Tuition waiver awarded per year _____

Number of hours completed towards degree _____

Number of hours remaining towards degree _____

I hereby request approval to register for _____ semester hours during the
_____ semester _____.
(Fall or Spring) (year)

Student Signature _____ Date _____

Academic Advisor _____ Date _____
(Print)

(Signature) Date _____

Graduate Associate Supervisor _____ Date _____
(Signature)

Approved _____ Date _____
Dean, School of Graduate Studies