

UNIVERSITY OF ILLINOIS  
SPRINGFIELD

**Petition for**

**Waiver of the Assistantship Policy Prohibiting Incomplete Course Work**

**Please submit completed form to the GA Office, PAC 518**

Name: _____	Date: _____
UIN: _____	Semester/Year: _____
Academic Degree Program: _____	Academic Advisor: _____
Semester/Year I began the Fellowship Program: _____	Semester/Year of Graduation: _____
# of Hours Completed toward Graduate Program: _____	# of Hours Remaining in Program: _____
Cumulative GPA: _____	

**I hereby request permission to waive the Graduate Assistantship policy requirement which states that assistants may receive no incomplete grades.** The *Graduate Assistantship Policy Manual* states that assistants remain in good academic standing, maintaining a cumulative grade point average of no less than 3.0 with no incomplete grades assigned (except for thesis or master's project courses).

**The following course/courses are incomplete at this time:**

Course Number	Course Name	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Incomplete Credit Hours: \_\_\_\_\_

**I base this request on the following rationale:** (Please detail your plan for remediating the incomplete grade as soon as possible.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Graduate Assistant*

\_\_\_\_\_  
*Date*

**Academic Advisor's Approval**

*I have reviewed my advisee's academic progress, current academic status, and degree completion plan. I understand the student's rationale for requesting to receive funding despite the fact that incomplete grades have been posted, and I support approval of this petition. I have discussed the plan to remedy this matter with my advisee.*

\_\_\_\_\_  
*Signature of Academic Advisor*

\_\_\_\_\_  
*Date*

Approved by:

\_\_\_\_\_  
*Signature of Department Chairperson*

\_\_\_\_\_  
*Date*

**Graduate Assistantship Placement Approvals**

*I support approval of this petition.*

\_\_\_\_\_  
*Signature of Assistantship Supervisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Dean, Director, or Division Head*

\_\_\_\_\_  
*Date*

**Graduate Assistantship Office Approval**

\_\_\_\_\_  
*Signature of Graduate Assistantship Office*

\_\_\_\_\_  
*Date*