

Waiver of the Assistantship Maximum Course Load Policy

Please submit completed form to the GA Office, PAC 518

(NOTE: A separate waiver form is required for each semester you may be enrolled in more than 12 credit hours.)

Assistant's Name: _____	Date _____
UIN: _____	Semester/Year: FL SP of 20__ <small>circle correct term</small>
Academic Degree Program: _____	Academic Advisor: _____
Assistantship/Internship Unit: _____	
Assistantship/Internship Supervisor: _____	

I hereby request permission to waive the Assistantship Policy which limits the total number of credit hours an assistant can be registered for in a given semester to no more than twelve (12). The GA Policy Manual states that "Assistants must enroll and remain enrolled throughout the semester for a minimum of 8 to a maximum of 12 credit hours." (Please note that audited course work does not count toward the number of enrolled credit hours.)

I am requesting to enroll in the following courses this semester (list all courses in which you will be enrolled):

Course Number	Course Name	# of Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Credit Hours for Semester:		_____

I base this request on the following rationale: (Please explain why you are requesting to be enrolled in more than 12 credit hours this semester, and note your plan for successfully completing your academic courses as well as your assistantship responsibilities this term.)

Signature of Graduate Assistant

Date

Academic Advisor's Approval

I have reviewed my advisee's academic progress, current academic status, and degree completion plan. Enrollment in more than 12 credit hours this term will further the student's progress toward degree completion, and I believe that the student will be able to successfully complete the proposed overload this semester. I support approval of this petition.

Signature of Academic Advisor

Date

Approved by:

Signature of Academic Department Chairperson

Date

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