

UNIVERSITY OF ILLINOIS
AT SPRINGFIELD

Petition for

Waiver of the Assistantship Policy on Maximum Term of Appointment

Please submit completed form to the GA Office, PAC 518

Name: _____ Date: _____

UIN: _____ Semester/Year: _____

Academic Degree Program: _____ Academic Advisor: _____

Assistantship Unit: _____

Assistantship Supervisor: _____

I hereby request permission to waive the Graduate Assistantship policy restriction limiting the number of semesters of assistantship appointment to a maximum of four (4). The *Graduate Assistantship Policy Manual* states that students will normally not be considered for assistantship appointments that exceed four semesters alone or in combination with other comparable fellowship and graduate internships, except under extraordinary circumstances.

I have the following courses left to complete for my UIS graduate degree:

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

Total Credit Hours Still Needed: _____

I plan to complete all requirements for my degree by the end of the (semester/year) _____ term.

I base this request for an extension of my appointment on the following rationale:

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 find the student's plan for completing degree requirements viable, and I support approval of this petition. .

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