

## GSSI TUITION WAIVER EXCEPTION REQUEST

Form to be initiated by the graduate student. Fully signed forms should be emailed to the Graduate College via [grad.dean@okstate.edu](mailto:grad.dean@okstate.edu) within ~2 weeks of the extenuating event.

**NAME:** \_\_\_\_\_

**CWID:** \_\_\_\_\_

**Semester regarding this request:** Spring \_\_\_\_ Fall \_\_\_\_ Summer \_\_\_\_

**GRADUATE PROGRAM NAME:** \_\_\_\_\_

**Select circumstance(s) concerning this request:**

<input type="checkbox"/>	Delay in arrival (i.e., visa issues).
<input type="checkbox"/>	New Funding with beginning date after the term has started.
<input type="checkbox"/>	Graduating and leaving the university before the end of the semester. Student has been tuition waiver eligible for the past two regular semesters (fall/spring) and has successfully completed the degree requirements within the first 6 (six) weeks.
<input type="checkbox"/>	Assistantship outside of academic program. Include <b>both the academic program and employing area</b> (i.e., unit/department) and describe how assistantship responsibilities align with professional development in the degree area.

Explanation/details regarding the request:

---

---

---

---

**SIGNATURES:**

---

<b>GRADUATE STUDENT PRINTED NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
--------------------------------------	------------------	-------------

---

<b>GRADUATE ADVISOR PRINTED NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
--------------------------------------	------------------	-------------

---

<b>GRADUATE COORDINATOR/UNIT HEAD PRINTED NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
--	------------------	-------------

---

<b>ASSOCIATE DEAN FOR RESEARCH/GRADUATE STUDIES PRINTED NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
--	------------------	-------------