GSSI TUITION WAIVER EXCEPTION REQUEST PILOT PROGRAM

To be completed by the graduate student and turned into the Graduate College, 202 Whitehurst, with signatures within ~2 weeks of the extenuating event.

NAME: _____

CWID: _____

GRADUATE PROGRAM NAME: _____

BRIEF EXPLANATION OR CIRCUMSTANCE CONCERNING THE REQUEST:

_____

_____

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_____

SIGNATURES:

_____

GRADUATE STUDENT'S PRINTED NAME **SIGNATURE** **DATE**

_____

GRADUATE ADVISOR'S PRINTED NAME **SIGNATURE** **DATE**

_____

GRADUATE COORDINATOR'S PRINTED NAME OR UNIT HEAD **SIGNATURE** **DATE**

_____

ASSOCIATE DEAN'S PRINTED NAME **SIGNATURE** **DATE**