

Illinois State University
 Graduate Assistant Course Load Waiver Request Form (PERS 938)

(Please use a separate form for each academic department)

Appointing Unit Name/#:
(Requested by)

Academic Dept. Name/#:

	Student's Name (Last, First, Middle Initial)	ID Number	Semester/Year	Registered Hours (min. 1 hr.)	Rationale* - A, B, or C (If C, specify on Page 2)	Academic Department		Graduate School	
						Approved	Denied	Approved	Denied
1.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rationale* (Please specify all that apply)

A – Student is taking Thesis/Dissertation Hours (Regular or Audit)

B – Student is in last semester, no additional hours required

C – Other (Please specify on Page 2)

Required Signatures:

 Academic Department Chair/Designee

 Date

 Graduate School

 Date

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	Specify Rationale C on the same line number as the GA is assigned to on Page 1.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	