

GRADUATE SCHOOL TUITION WAIVER ADJUSTMENT FORM

Please email, fax, hand deliver, or mail this form to the Graduate School
Email: graduateschool@siue.edu Fax: 3523 Location: RH 2215 Campus Box: 1046

NAME	800 STUDENT ID	TERM	YEAR
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INSTRUCTIONS

Complete section A to request an Overload/Underload OR section B to request an Earned Summer Tuition Waiver. Carefully read the section that applies to you and obtain the appropriate signatures before submitting. This form cannot be processed without ALL of the required signatures.

A. OVERLOAD/UNDERLOAD

Total Credit Hours: _____

Students

This form is required for students taking less than the minimum course load for graduate assistants (3 in the summer, 6 in the fall/spring) or more than the maximum (9 in the summer, 12 in the fall/spring). Please refer to the [Graduate Student Course Load Policy \(1L1\)](#) for guidelines on graduate assistant course load requirements.

INTERNATIONAL UNDERLOAD STUDENTS ONLY: I understand that I must also submit the [Reduced Course Load Form](#) through the Office of International Affairs and that this form is not a substitute for the Reduced Course Load Form.

Faculty Advisors & Graduate Program Directors

By signing this form, you are acknowledging that you are aware of the courses this student is taking and that they are a part of his/her program of study and required for degree completion.

REQUIRED SIGNATURES

Student	Date	Faculty Advisor	Date	Graduate Program Director	Date
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B. EARNED SUMMER TUITION WAIVER

Students

I understand that an Earned Summer Tuition Waiver may be used only one time as a CGA recipient and one time as a graduate assistant, is only good for up to 9 credit hours, can be denied if eligibility is not met, and can only be used for courses that apply towards my graduate degree program. Additionally, I understand the full value of my tuition waiver will be reported as non-cash taxable wages and are subject to tax withholding as required by the IRS though I am no longer in pay status. I understand that I am responsible for any tax the university pays on my behalf and the university will bill me for any unpaid amounts.

Faculty Advisors & Graduate Program Directors

By signing this form, you are acknowledging that you are aware of the courses this student is taking and that they are a part of his/her program of study and required for degree completion.

Supervisors

By signing this form, you are verifying that this student has held a graduate assistant appointment for two consecutive semesters preceding the summer of this request and has not received an Earned Summer Tuition Waiver previously.

REQUIRED SIGNATURES

Student	Date	Faculty Advisor/GPD	Date	Supervisor	Date
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OFFICE USE:

GPA	Course Load	Terms/Category	Completed By	DATE	NOTES