



College of Graduate Studies
GRADUATE ASSISTANTSHIP
 Summer Out-of-State Fee Waiver Approval Request

Student Information		Assistantship Information	
Name		GA Assignment Area	
Banner #		Current Contract Term	
Graduate Program			

Please list graduate course(s) and the terms in which you intend to enroll. Please note that the actual fee waiver will apply to officially registered courses.

DEPT	COURSE #	COURSE TITLE	SESSION	DEPT	COURSE #	COURSE TITLE	SESSION

GRADUATE STUDENT INFORMATION

I certify that the above information is correct and request permission from the Graduate Dean to grant waiver for my out-of state-fees.

Graduate Student Signature

Current Address

City, State, Zip Code

Telephone Number

APSU Email Address

Date

DEAN APPROVAL

I certify that the above named graduate student was assigned during the above listed academic term(s) as a graduate assistant. Please grant the out-of-state waiver of fees as requested.

Dean, College of Graduate Studies

Print Name **Date**

Approval forwarded to:

Accounting Services
Date: _____

Student Financial Aid
Date: _____