



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 |
|------|----------|--------------|---------|------|----------|--------------|---------|
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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: _____