

University of Wisconsin–Milwaukee
Graduate School
Assistant Justification



PLEASE PRINT

Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Student Number: _____

EXEMPTION REQUESTED FOR:

Academic Year _____

Semester I only, Year _____

Semester I only, Year _____

Summer, Year _____

E-mail: _____

Department: _____

Student classification (check one): Doctoral Master's Non-degree

Is this student receiving a Fellowship? Yes No

Is this an international student on an F-1 or J-1 visa? Yes No

REQUEST FOR EXEMPTION: REDUCED CREDIT LOAD CREDIT OVERLOAD

Note: If you have financial aid, approval of a reduced credit load will not change credit load requirements for eligibility or deferral of loans.

Specify number of credits you wish to register for: _____

Type of Appointment: _____

Reason for requesting an exemption:

Signature of Major Professor or Graduate Program Director:

Print name of person above: _____ Date: _____

Graduate School Use Only:

Credits completed _____ Current registration credits _____ GPA _____

Approved Denied

Initials _____ Date _____

Comments:
