

REQUEST FOR TUITION WAIVER TEACHING ASSISTANT

Graduate Assistant Name: _____

Course proposed to be taken: _____

Conditions of the USSA Tuition Waiver:

1. Eligibility – employed by USSA or an approved affiliate for a period of six (6) months or one (1) academic semester.
2. Undertaking that:
 - a. In the event of withdrawal or receipt of a failing grade (F) I must reimburse the full amount of the tuition waiver for that course(s).
 - b. I am responsible for all fees and costs required for enrollment (Example: books, computer fee, etc.).
 - c. I am aware of and will comply with the academic and institutional policies with respect to student status and application procedures.

I certify that I agree to the above conditions and meet the requirements for the level of study.

Requested by: _____ Date: _____
Graduate Assistant

Approved by: _____ Date: _____
Supervisor

Administration: _____ Date: _____
Administration and Finance

The original of this request should be sent to Administration for inclusion in the employee's personnel file.

To be completed by USSA Registrar

Course Name: _____

Course Number: _____

Professor/Instructor: _____

Course starting date: _____

Course ending date: _____

Class schedule: _____

I certify that the Graduate Assistant is eligible for the level of study requested:

_____ Date: _____
Registrar