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**GRADUATE ASSISTANT TUITION WAIVER REQUEST FORM**

**CHOOSE SEMESTER**

**APPLY & REGISTER EARLY: TUITION WAIVERS ARE NOT GUARANTEED FOR EVERY GRADUATE ASSISTANT**

**PLEASE READ CAREFULLY AS OUR FORM WAS RECENTLY CHANGED**

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| **ELIGIBILITY CRITERIA** | **STUDENT INITIALS** |
| Graduate student is **NOT** receiving a university-sponsored fellowship/scholarship that covers ALL the tuition fees. |  |
| Graduate student is appointed as a salaried graduate assistant, grant funded or hourly student assistant (class code 9181, 9182, 9183, 9184, 9185, 9550, or 9190) during the semester and is requesting a waiver. |  |
| Graduate student is maintaining an overall minimum grade point average of 3.0 (GPA) in degree program. |  |
| The College of Education requires GAs to be appointed a minimum of .50 FTE (20 hours per week) with exceptions allowed for up .73 FTE (29 hours per week).  If the GA is hired **Out-of-College** or a **GRANT** is paying for the tuition, he/she can work a minimum of .25 FTE (10 hours per week).  Graduate students appointed with <.25 total FTE and having only one appointment as GA are **NOT** eligible for tuition waivers  Please refer to: [Graduate Assistant Policies & Guidelines Handbook](http://www.grad.usf.edu/GA_Handbook.php)for more details. |  |
| Graduate student is required to work a minimum of 150 hours during fall or spring semesters, and a minimum of 100 hours during the summer semester. |  |
| Graduate student is full time enrolled for **CHOOSE SEMESTER** semester. Full-time enrollment is considered:  **1)** **Nine graduate** credit hours in the **fall or spring** semester  **2) six graduate credit** hours in the **summer** semester. If enrolled in the last semester of program of study, the number of registered semester hours may be less than the full-time requirement. |  |
| I understand student fees are **NOT** waived and it is **MY** responsibility to pay for the same. |  |
| **Florida Resident** students must provide a print out from the **General Student Record** screen in OASIS indicating FL residency. |  |
| A justification email for overload schedule from advisors/PI (and/or **approval email from the Associate Dean of Office of Graduate Studies- Dr. Bahr)** is required by the College of Graduate Studies and it is provided. |  |
| All completed tuition waiver documentation submitted will be subject for review, process, and approval ***until deferment dateline (9th week*** of semester). |  |

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_\_\_\_\_

STUDENT ID NUMBER: U\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STUDENT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU AUTHORIZE COEDU TO SEND YOU TEXT MESSAGES? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_\_

**COEDU will only contact you for Tuition Waiver purposes.**

MAJOR DEPARTMENT IN COEDU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYING COLLEGE & DEPT (**out-of-college requests only**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTERED CREDIT HOURS: \_\_\_\_\_\_\_\_ CREDIT HRS TO BE WAIVED: \_\_\_\_\_\_\_ (up to 12 without additional requirement):**

Are you receiving a university-sponsored fellowship providing only partial financial assistance? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_\_

If yes, please provide **Fellowship** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit hours covered by Fellowship: \_\_\_\_\_\_\_

Do you have another Graduate Assistantship appointment, including Hourly Student Assistant/OPS? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_

If yes, please provide College and Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Offer letter for additional appointments or fellowships are required.**

**REQUIRED ATTACHMENTS:**

1. Final schedule of classes (**Student Detail Schedule from OASIS (***must include legible U# and Student’s name*) for CHOOSE SEMESTER.

**Subsequent changes to this schedule may alter the approved payment amount.**

1. Copy of Appointment Status Form or offer letter. If student has more than one GA appointment, copy of Appointment Status Form or offer letter for **ALL** appointments and/or fellowship are required (including Hourly Student Assistant/OPS).
2. Print out from OASIS indicating Florida residency if student is a Florida Resident.

**APPLICANT RESPONSIBILITIES** - **In order to receive/keep my waiver I agree to:**

1. Stay enrolled for the number of graduate credit hours for which the tuition waiver will be processed – based on the schedule of classes submitted.
2. Stay appointed as a Graduate Assistant/Associate for the semester for which a full/partial tuition waiver will be processed.
3. Notify (***ADD THE NAME OF DEPT WAIVER REPRESENTATIVE HERE)*,** my Department Tuition Waiver Representative, of **ANY** changes in my enrollment or employment throughout the entire semester. *Failure to do this could result in a delay in granting your waiver.*
4. **Pay the Cashier** the difference between my partial tuition waiver and my registration fees and any other fees attached to registration as soon as possible, but no later than the **deferment deadline (posted in OASIS under important dates)**. A **HOLD** will remain on my account until the tuition and registration fees are paid in full.
5. I understand that failure to provide documentation in a timely manner can resolve on termination of the tuition waiver.

I have read and understand the eligibility criteria, that any undergraduate courses will **not** be waived, and my responsibilities to keep my waiver. I also submitted the required attachments necessary to be eligible to obtain a full or partial tuition waiver. By signing below, I authorize the Office of Graduate Studies to reduce or revoke my waiver if I become ineligible for a waiver at **ANYTIME** during the semester. If this happens, I will pay the Cashier the amount of the canceled tuition waiver.

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Student signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAIR approval signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE ANSWERED BY DEPARTMENT OFFICIALS ONLY:**

**Florida Resident: YES: \_\_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_\_**

**Is GA intending to graduate this semester: YES: \_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_ CREDIT HRS TO BE WAIVED: \_\_\_\_\_\_\_\_ PAID: \_\_\_\_\_\_\_\_**

**Verified by (initials) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Form must be fully completed or will be rejected.***