



# Western Oregon UNIVERSITY

## Graduate Assistant Approval Request

Position (check one):

( ) Graduate Teaching Assistant      ( ) Graduate Research Assistant

Name \_\_\_\_\_

V # \_\_\_\_\_

\_\_\_\_\_

Email Address

\_\_\_\_\_   
Employing Department

I request Tuition Fee Remission for the following courses:

Course	Course Title	Prefix Number	Credits

NUMBER OF HOURS APPROVED \_\_\_\_\_

Term & year approved for \_\_\_\_\_

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*I certify these classes will not interfere with my official duties by signing below:*

\_\_\_\_\_  
Applicant's Signature & Date