



Western Oregon UNIVERSITY

Graduate Assistant Approval Request

Position (check one):

() Graduate Teaching Assistant

() Graduate Research Assistant

Name _____

Term FTE: _____

V # _____

_____ Email Address

_____ Employing Department

_____ Index Fee Remission is charged to

I request Tuition Fee Remission for the following courses:

Course	Course Title	Prefix Number	Credits

NUMBER OF HOURS APPROVED _____

Tuition & Fee Assessment _____

_____ Term & year approved for

Tuition Fee Remission _____

Other Applicable fees _____

Total Student Pays _____

I certify these classes will not interfere with the employee's official duties by signing below:

Applicant's Signature & Date

Department Chair Signature & Date

Graduate Office Approval & Date

Remission Issued by & Date

Employment Authorization must accompany this form in order for Payroll Office to provide Tuition Remission.