

WOU – Request for Exception to Work Over 20 hrs. per Week Form

Student name: _____ Student ID # _____

Supervisor's name _____ Office or Department _____

Supervisor's name _____ Office or Department _____

Number of hrs. Requested _____ Student's Cum. GPA _____

Term of Request _____

Office Use:

- Approved
- Approved with conditions
- Denied