Graduate School  
WICHITA STATE UNIVERSITY

Application for Exception to Graduate School Regulations

After your request has been acted upon, would you like to pick up your copy, or have it mailed to you?
Please check one:  □ Hold for Pick Up  □ Mail to Student

Name _________________________________________________
myWSU ID _______________________

Address _______________________________________________
Phone _______________________

City State Zip ___________________________________________
Department _______________________

I am requesting an exception to:
□ Hold an assistantship and work more than 20 hours per week for the ___________ semester of ___________ year.
□ Hold an assistantship and not be enrolled in nine (9) hours of graduate course work for the ___________ semester of ___________ year.
□ Late enroll or late Drop/Add for ___________ semester of ___________ year.
□ Late filing of the Application for Degree Form or the Graduate Plan of Study Form for ___________ semester of ___________ year.
□ Other – Must be identified ___________________________________________________________________________________

State in a logical manner the rationale for your request. Provide all pertinent information. Attach additional pages only if more space is required.

____________________________________________________________________ ___________

Student           Date

Advisor/Supervisor

Coordinator or Department Chair

Graduate Dean or Designee

For Graduate School Office Use Only and Comments:

□ Approved  □ Disapproved

□ Approved  □ Disapproved

□ Approved  □ Disapproved

Photocopy Distribution:  Original - Graduate School, Copy - Graduate Coordinator, Copy - Student

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