



**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	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Coordinator or Department Chair	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Graduate Dean or Designee	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

**For Graduate School Office Use Only and Comments:**

Major Code	Plan of Study	Residency	GA 1 Hours	GA 2 Hours	GA 3 Hours	Other