

## REQUEST FOR TUITION WAIVER TEACHING ASSISTANT

Graduate Assistant Name: \_\_\_\_\_

Course proposed to be taken: \_\_\_\_\_

Conditions of the USSA Tuition Waiver:

1. Eligibility – employed by USSA or an approved affiliate for a period of six (6) months or one (1) academic semester.
2. Undertaking that:
  - a. In the event of withdrawal or receipt of a failing grade (F) I must reimburse the full amount of the tuition waiver for that course(s).
  - b. I am responsible for all fees and costs required for enrollment (Example: books, computer fee, etc.).
  - c. I am aware of and will comply with the academic and institutional policies with respect to student status and application procedures.

I certify that I agree to the above conditions and meet the requirements for the level of study.

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Graduate Assistant

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor

Administration: \_\_\_\_\_ Date: \_\_\_\_\_  
Administration and Finance

The original of this request should be sent to Administration for inclusion in the employee's personnel file.

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To be completed by USSA Registrar

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Professor/Instructor: \_\_\_\_\_

Course starting date: \_\_\_\_\_

Course ending date: \_\_\_\_\_

Class schedule: \_\_\_\_\_

I certify that the Graduate Assistant is eligible for the level of study requested:

\_\_\_\_\_ Date: \_\_\_\_\_  
Registrar