

GRADUATE SCHOOL

INTERNATIONAL REQUEST FOR CURRICULUM CHANGE (submit one printed copy)

Name:	Student Number:	Email:
Mailing Address:		
Reason for Change:		
 Graduating, s Student's req Departmental		
Program Change Req	uested:	
Current:		
Proposed:		
Proposed Effective Te	erm: Expected Term of Gr	aduation Completion:
	eiving financial support, please complete has been no change in previous finances s.	
SIGNATURES		
Requested By		Date
Major Professor		Date
Department Head		Date
Associate Dean for Graduate Pr	ograms	Date
Graduate School		Date



GRADUATE SCHOOL

INTERNATIONAL GRADUATE ASSISTANT AWARD STATEMENT

(submit one printed copy)

Student Name (Last, First MI):

Student ID Number:

The above named student

- o has been recommended for admission as a graduate student
- o is a current graduate student

Department:

The above-named student has been awarded financial support:

AWARD	AMOUNT	# OF SEMESTERS	BEGIN TERM
Graduate Teaching Assistantship			
Graduate Research Assistantship			
Other ()			

The student's Full-Time Employment (FTE) status will be

- o less than .33
- o greater than or equal to .33
- o FTE's of less than .33 will receive half of in-state tuition waiver. Check here if using one of your departmental exceptions.

TITLE	SIGNATURE	DATE
Major Professor		
Department Head/Chair		
Associate Dean for Graduate Programs		

FOR GRADUATE SCHOOL USE ONLY			
Assistantship Total	\$		
In-State Tuition Waiver (if applicable)	\$		
Out-of-State Tuition Waiver (if applicable)	\$		
TOTAL AU SUPPORT	\$		