Application for Exception to Graduate School Regulations

WICHITA STATE UNIVERSITY **GRADUATE SCHOOL**

You must complete all sections and get required signatures before turning in the form to the Graduate School via email to wsugradschool@wichita.edu. When exception has been acted on by the Graduate School, a copy will be sent to the student and Graduate Coordinator at their WSU email. A copy will also be placed in the student's file.

Print First Name & Family Name _____

myWSU ID _____   WSU email _____

Phone _____   Major/ Program _____

Are you an international student attending in a F1 visa?   Yes   No

Is this your last semester?   Yes   No

I am requesting an exception to (check one):

☐   Hold an assistantship and work more than 20 hours per week for _____ (semester & year).

☐   Hold an assistantship and not be enrolled in six (6) hours of graduate coursework for _____ (semester & year).

☐   Previous semester late withdrawal / late add for _____ (semester & year). Include CRN for all courses to withdrawal/add.

☐   Other – Identify request below, including semester & year if applicable.

Explain your request in detail and include all relevant information and documentation. If more space is needed, attach additional pages. Unclear or unsupported requests will be returned with no action.

- *If your request concerns degree audit or degree completion, an approved Plan of Study must be on file with the Graduate School.*
- *If this is your last semester, you must file the Application for Degree prior to submitting the exception form.*

_____   _____
Student Signature   Date

_____   _____   ☐ Approve
Advisor/Supervisor Signature   PRINT Last Name   Date   ☐ Disapprove

_____   _____   ☐ Approve
Graduate Coordinator OR Department Chair Signature   PRINT Last Name   Date   ☐ Disapprove

THIS SECTION FOR GRADUATE SCHOOL USE ONLY

                                                                                                Approved

_____   _____   Disapproved
Graduate School Dean/Designee Signature   Date
Comments to Student/Department: ☐ No Action

Major code	Plan of Study	AFD Semester

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