

Graduate Assistantship and/or Tuition Award Extension Request



The University of Akron
Graduate School

EMPL ID#: _____ UA E-Mail: _____ Date: _____

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

International Student Domestic Student → In-State Out-of-State

Academic Department: _____

Master's Student Doctoral Student SCH Required for Degree: _____ SCH Accumulated: _____

Requesting extension through: _____

Graduate Assistantship Extension Request GA Semesters Accumulated: _____

Department of Service: _____

Teaching Assistant Research Assistant Administrative Assistant

Tuition Award Extension Request Tuition Award Semesters Accumulated: _____

Reason for request for extension:
*Please describe with specific detail the circumstance that merits consideration for an extension of a Graduate Assistantship or Tuition Award funding.
Additional sheets may be attached if necessary.*

For Graduate School Use Only
The extension is granted with the following contingencies or conditions.

Appointee Date

Chair/Director of Appointee's Academic Department Date

Head of Service Department or Grant Director
(if different from the Chair/Director of the academic department) Date

Graduate School Approval Date