



**GRADUATE STUDIES  
COLLEGE OF ARTS & SCIENCES  
OVERLOAD TUITION EXEMPTION REQUEST**

**For Graduate and Athletic Assistants**

**Instructions:** Complete this form to request extraordinary tuition remission for an overload during the semester or for a summer course. Have the form signed by your department chairperson/program coordinator\* and turn it in to the Office of Graduate Studies. The request is NOT approved until you have been so notified in writing. Requests are due by the end of the first week of the semester or by April 15 for summer requests.

Name: \_\_\_\_\_ Banner I.D.# \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Other phone: (\_\_\_\_) \_\_\_\_\_  
 School  Work  Cell

Email address: \_\_\_\_\_

Graduate program: \_\_\_\_\_ Assistantship with: \_\_\_\_\_

I am requesting an overload tuition exemption for the following semester/summer session: (Year: \_\_\_\_\_ )

Fall  Spring  Summer 1  Summer 2  Summer 3  Summer A  Summer B

I am requesting the overload tuition exemption for the following course(s)

Course No.	Title	Credits	Tuition	Fees	Approved (Y/N) Dean's Use Only

*If applying for a summer tuition waiver, I understand if I fail to complete the terms of my graduate assistantship contract for the coming year, I will forfeit the summer tuition waiver and make immediate payment to John Carroll University for the amount of my summer tuition. I understand that all legal means of collection may be pursued if I fail to pay this tuition within thirty days.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the department chair/program coordinator: Please state the reason for this overload request:**

Signature: Department Chair/Program Coordinator\* \_\_\_\_\_ Date \_\_\_\_\_

Signature: Associate Academic Vice President \_\_\_\_\_ Date \_\_\_\_\_

\* Assistants in non-academic departments need their supervisor's acknowledgement here: \_\_\_\_\_