

# 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  $\rightarrow$   In-State       Out-of-State

Academic Department: \_\_\_\_\_

Master's Student       Doctoral Student      SCH Required for Degree: \_\_\_\_\_ SCH Accumulated: \_\_\_\_\_

Requesting extension through: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
Chair/Director of Appointee's Academic Department      Date

\_\_\_\_\_  
Graduate School Approval      Date