



Underload Request/Notification Form

Name: _____

PeopleSoft ID: _____

E-mail address (for approval notification) _____

I am requesting an underload for the _____ semester of _____ year.

I will be carrying _____ hours (*cannot be less than 6 graduate hours*).

Assistantship Hiring Department: _____

My reason(s) for making this request is/are:

Note that students on assistantships should be enrolled in at least 9 hours per semester and that an underload of no less than six graduate hours is generally granted for only one semester. Underloads are usually requested by students in the first or last semester of their program, or due to extenuating circumstances. Approval for the underload should be requested with appropriate justification and signature of the academic advisor and department head.

Student Signature: _____ Date: _____

Request Endorsed: Assistantship Supervisor: _____

Your Major Advisor: _____

Graduate Program Coordinator: _____

Approved by The Graduate School: _____

Please send this form to The Graduate School, MSC 6702 after securing department signatures.