REQUEST FOR WAIVER OF EMPLOYMENT LIMIT

PLEASE ATTACH TO THIS COVER SHEET THE FOLLOWING:

- **An electronic version of a brief statement summarizing your current GSI, GSRA, or GSSA appointments, describing the additional employment for which the waiver is sought, and justifying your waiver request in relation to your progress toward completion of degree requirements.**
- **An electronic copy of a memo or letter from your advisor that confirms support of your request and comments on the expected impact of the additional employment on your progress toward completion of degree requirements.**

Your electronic request should be submitted *prior to the term for which the waiver is sought* to Annemarie Palincsar, Associate Dean for Academic Affairs, c/o Becki Spangler <spangler@umich.edu>.

Name: _____
(Last) (First)

Student ID#:_____**E-mail address:** _____

SOE Office Address: _____ **Daytime Phone**_____

Year & term for which this waiver is requested: YEAR: _____
☐ **Fall** ☐ **Winter** ☐ **Spring/Summer**

Current degree program: (check MA or PhD and indicate the SOE program)

___MA ☐ **CSHPE** ☐ **Educational Studies**
___PhD ☐ **CSHPE** ☐ **Educational Studies** ☐ **CPEP** ☐ **JPEE**

Year & term of entry: YEAR: _____ ☐ **Fall** ☐ **Winter** ☐ **Spring/Summer**

Advisor: _____

(For PhD students only) Have you achieved candidacy? If so, give term/year in which candidacy was attained. If not, give term/year when candidacy is expected.

☐ **Yes** _____ ☐ **No** _____

If you have not yet achieved candidacy, please indicate your status with respect to doctoral preliminary or qualifying exams, listing dates when completed.

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