

Appointee Name (Last)	(First)	(M.I.)	Student ID#
Employing Department	Major Department	Box Number	

TOTAL CREDIT REGISTRATION DURING APPOINTMENT PERIOD (Exclude Audits): AUT ___ WTR___ SPR___ SUM___

DESCRIPTION OF APPOINTMENT(S): (Work Study Graduate Assistantships are included in this requirement)

Type of Appointment(s)	% of Time	Inclusive Dates	Type of Appointment(s)	% of Time	Inclusive Dates
TA			SA		
PD TA I			PDSA I		
PD TA II			PDSA II		
RA			PD LECTURER		
PD RA I			PD INSTRUCTOR		
PD RA II			PD RESEARCHER		
FELLOW	N/A		TRAINEE	N/A	

MINIMUM ENROLLMENT POLICY: The general requirement of all graduate students, that they make satisfactory progress in their graduate program and satisfy the residency requirements, calls for registration for 10 credit hours or more applicable to the degree, during Fall, Winter, and Spring Quarters while holding Graduate Student Service appointments, fellowships or traineeships. In exceptional cases for which the 10 credit minimum (2 credits in summer) seems inappropriate, a petition must be addressed to the Graduate School. Additionally, a STATEMENT OF CIRCUMSTANCES MUST BE ATTACHED which includes a concise explanation of the circumstances which appear to warrant an exception to the minimum. Be sure to indicate the number of credits desired.

Conditions for Approval of Petition (at least one of the following):

- If the student will not be making substantial use of University facilities or personnel (courses not available, faculty members not available for consultation), AND if the appointment does not directly contribute to the degree.
- If the appointment prevents the student from making reasonable satisfactory progress (e.g. an RA working at a remote location, without access to University facilities, on a project which is UNRELATED to the thesis/dissertation topic). This information must be well substantiated.
- If the student is working less than 20 hours per week or less than 5 out of 6 pay periods and thus does not qualify for a tuition waiver, and will suffer financial hardship; OR has health problems which warrant a reduced workload (documentation required).

Student Signature	Date
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I Endorse the Attached Statement (Restricted to Major Department Graduate Program Coordinator, Chair or Director)	Title	Date
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ACTION BY THE GRADUATE SCHOOL: APPROVED () NOT APPROVED ()

Signed Date Comments

Policy References: Executive Order #28 (University Handbook, Vol. 4, Part 4, Chapters 6 & 8).

Further Questions and the submission of this document should be addressed to the **Graduate School, Office of Fellowships and Assistantships, Box 353770 543-7152, gradappt@u.washington.edu.**

Post-Approval Distribution: 1. UW Benefits Office 2. Student's Department 3. Student Fiscal Services