

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 → 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