



College of Graduate Studies
GRADUATE ASSISTANTSHIP
Request to Add or Reduce Course Hours

Instructions: This form is required for Graduate Assistants who register for more than ten (10) credit hours or fewer than six (6) credit hours in a semester. Please complete and submit the form to the College of Graduate Studies prior to the start of each semester.

GRADUATE STUDENT INFORMATION
Name: Banner ID: A
APSU E-mail Address:
Assigned GA Department:
Program of Study:

IMPORTANT NOTE: Please submit a separate copy for each semester. Do not include more than one semester on the same form.

FALL: Semester 20____ SPRING: Semester 20____ SUMMER: Semester 20____

REQUEST TO ADD HOURS
Number of hours requesting to add:
Justification for taking additional course hours:

REQUEST TO REDUCE HOURS
Number of hours requesting to reduce requirement by:
Justification for reduction of course hours:

Student Signature _____ Date _____

Dean, College of Graduate Studies _____ Date _____

Please submit form to:
The College of Graduate Studies
McReynolds Building, Room 119
P.O. Box 4458, Clarksville, TN 37044
Email: gradstudies@apsu.edu
Fax: (931) 221-7641