

**MASTER'S STUDENT
COURSE UNDERLOAD PERMISSION REQUEST**

Student's Name: _____ EMPLID: _____

Academic Plan/Major: _____ Sem/Yr Requested: _____

(Co-)Major Professor(s)/Major Coordinator: _____

Has the student received course underload permission in a prior semester? Yes No

The student has consulted the major professor regarding the proportion of time devoted to academic requirements in the given term
(e.g., dissertation/thesis work, internship hours requirements, etc.). Yes No

Will the student enroll in 3 to 8 credit hours in the semester? Yes No
If you answered yes, you do not need to fill out the justification box below.

Justification for request of 2 hours or less (**please be specific**):

Note: Students must enroll in the appropriate number of hours for financial and visa requirements.

Student Signature_____
Date**DECISION**The above-named student has permission to enroll in _____ graduate credit hours in _____.
(Term Year)If not approved, reason for denial: _____

Major Professor(s)/Major Coordinator_____
Date_____
Department Chair_____
Date