

Missouri State University
EXCEPTION FROM THE FULL COURSE OF STUDY FOR STUDENT EMPLOYEES
(6 credits for undergraduates and graduate students)
STUDENTS: *This form must be signed by you and your academic advisor*

TO BE COMPLETED BY THE STUDENT:

NAME (print): _____ Student ID/M# _____
(Family/Surname) (Given Name)

PERMANENT ADDRESS: (street) _____ (city/state/zip) _____

PHONE: _____ EMAIL ADDRESS: _____

MAJOR: _____ CANDIDATE FOR DEGREE OF: _____ EXPECTED DATE OF GRADUATION _____

CIRCLE THE SEMESTER TO WHICH THIS FORM APPLIES: FALL SPRING SUMMER YEAR: _____

CHECK THE REASON BELOW FOR WHICH YOU ARE REQUESTING LESS THAN FULL COURSE OF STUDY ENROLLMENT.

IF NOT LISTED, PLEASE SEE ADVISOR.

____ 1. Final semester. Less than a full course load needed to graduate.

____ 2. Physician recommends reduced course load or no enrollment for the semester due to medical reasons. (Attach written statement from physician.)

Note: Medical statement must pertain to student, not to spouse or other relative. **Limited to 12 months aggregate per educational level.**

SIGNATURE OF STUDENT: _____ DATE: _____

TO BE COMPLETED BY THE ACADEMIC ADVISOR:

As the academic advisor, I am aware of the circumstances described above, have reviewed the educational implications for this student and agree with the above reason for this exception.

SIGNATURE OF ACADEMIC ADVISOR: _____ **DATE:)** _____ **PHONE:** _____

PRINT NAME AND TITLE: _____ **DEPT:** _____

PLEASE RETURN COMPLETED FORM TO STUDENT EMPLOYMENT SERVICES
BLAIR-SHANNON 113
417-836-5627