**Missouri State University**

**EXCEPTION FROM 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 adviso*r

**TO BE COMPLETED BY THE STUDENT:**

NAME (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Family/Surname) (Given Name)

MAJOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPECTED DATE OF GRADUATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIRCLE APPLICABLE SEMESTER: FALL SPRING SUMMER YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK REASON YOU ARE REQUESTING REDUCED COURSE OF STUDY ENROLLMENT:

\_\_\_\_\_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) Statement must pertain to student, not a 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.*

NAME (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE RETURN COMPLETED FORM TO:***

***STUDENT EMPLOYMENT SERVICES***

***BLAIR-SHANNON 113***

***417-836-5627***