



May Hall, Room 111  
 Financial Aid  
 Dickinson State University  
 291 Campus Drive  
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday  
 Phone: 1-800-279-4295 ext. 2 or 701-502-4407  
 Fax: 701-483-2409  
 Web: www.dickinsonstate.edu  
 Email: dsu.financialaid@dickinsonstate.edu

## Graduate Assistantship Tuition Waiver Application

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Graduate Program:** \_\_\_\_\_

**Graduate Assistantship Position:** \_\_\_\_\_

**Semesters Requested:**

- Fall      Year: \_\_\_\_\_      Credits: \_\_\_\_\_
- Spring      Year: \_\_\_\_\_      Credits: \_\_\_\_\_
- Summer      Year: \_\_\_\_\_      Credits: \_\_\_\_\_

---

My signature below certifies that I have read and understand the Graduate Assistant Policy. Tuition waivers are applied based on meeting satisfactory employment hours. The total tuition waiver amount cannot exceed 9 credits per semester. A student may not receive tuition waivers for more than the number of credits in their approved Graduate Program of Study. Waivers must be used during the same semester of employment. I understand that graduate courses are my primary responsibility and determine my eligibility in the graduate assistantship position.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

---

**Required supervisor approval:**

\*Please notify the Financial Aid Office of any changes to the Assistantship.

\_\_\_\_\_  
 Graduate Assistantship Supervisor Signature

\_\_\_\_\_  
 Date

Please return this application to the address, fax, or email above.