

**University of Wisconsin-Milwaukee
Graduate Fellowship Recipient Exception Form**

I. To be Completed by the Graduate Student

Name _____ Student Number _____
Last First Middle Initial

Mailing Address _____ City, State, Zip _____

Graduate Program _____ Degree _____ Advisor _____

Type of Fellowship:

Graduate School Fellowship
Dissertation Fellowship
Advanced Opportunity Program Fellowship
Other _____

Exception Requested for:

Academic Year _____
Semester I, Year _____ only
Semester II, Year _____ only
Summer, Year _____

Type of Exception:

Credit Load Exception
Workload Exception
Other _____

Please attach typewritten justification for exception. If pertinent, indicate program completion date, course number, or semester of occurrence.

Student Signature Date Email / Phone

II. Graduate Program Support Statement

Please attach typewritten explanation of support for exception.

Supporting Signature (Advisor) Date Email / Phone

Signature of Graduate Program Representative/Chair (required) Date Email / Phone

III. Graduate School Action

Approved _____ Remarks: _____
Modified _____
Not Approved _____

Authorized Graduate School Representative Date