

Exception to Nine (9) Credit Hour Registration Requirement

STUDENT NAME:	NAU ID:	
NAU EMAIL:	PRIMARY PHONE:	
DEGREE/PROGRAM:	AWARD YEAR: 2024/2025	
DEPARTMENT:		
ADVISOR/MAJOR PROFESSOR:		
DEPARTMENTAL CONTACT:	CONTACT PHONE:	
The exception to nine (9) units applies to:	Please indicate:	
Resident Waiver Non-Resident Waiver	Campus: ☐ Flagstaff Mountain ☐ Statewide	
☐ International	Online Depending on the student's campus and total units, the tuition amount will be adjusted by the Graduate College and sent to Financial Aid for processing.	
This form is for a:	Semester:	
☐ Graduate Assistant ☐ Tuition Waiver	☐ Fall Number of units: ☐ Spring Number of units:	
See bottom of this form for detailed processing instructions.	This form will not be processed without indication of the number of enrollment units.	
mments:		
ease check the following acknowledgments:		
If a GA is enrolled in less than six (6) units, they are no	t eligible for the GA paid benefit of Student Health Insurance.	
If a GA is enrolled in less than six (6) units, the departn	nent may opt to pay their Student Health Insurance via a DTF	
if departmental funding allows.		

Spring 2025 Due Dates: Graduate Assistant ePARs due October 11 & Tuition Waivers due October 25, 2024

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Signature:		Date:	
Print name:		-	
	* Electronic Signatures and/or printed names are p	permitted in the space provided.	

Approval of Department Chair or Designee*

Email to GATW@nau.edu for GAs and tuition waiver recipients for the semester the student will be under-enrolled. If student is enrolled in less than nine (9) units, tuition will not disburse without receipt of this form by the GATW coordinator. Disbursement will be delayed if this form is received after the processing due dates:

Fall 2024: Graduate Assistant ePARs due June 1 & Tuition Waivers due June 15, 2024 Spring 2025: Graduate Assistant ePARs due October 11 & Tuition Waivers due October 25, 2024