



Credit Load Waiver Request Form For UNDERGRADUATES

Active Minds Changing Lives

You do not need this form if you are enrolled in 6 credits or more.

Phone (360) 650-3158
Fax (360) 650-6549
Old Main 275
www.finaid.wvu.edu

Academic Year:

[Student Employment Center](#)
516 High Street
Bellingham, WA 98225-9049
StudentEmployment@wwu.edu

Western ID: _____

Name: _____

Please respond to the three items below:

Fall Winter Spring

1. Indicate the **number of credits** you will be enrolled in **each** quarter.

Note: A student employee must be enrolled at least 1 credit

2. Indicate the **one quarter** you wish to request a Credit Load Waiver.

Note: You are only eligible for only one Credit Load Waiver **during an academic year.**

3. **If applicable**, indicated the quarter you will **graduate**.

Please complete this form and submit to Student Employment Center using one of the two options below. Submission confirms your request for a Credit Load Waiver for the quarter identified above and certifies that the information provided above is accurate:

Print, sign (below) and deliver form to Student Employment Center (OM 275 or MS 9049) or fax to 360-650-6549.

OR

Save the completed form, in .pdf format, attach and send it from your **student email account**.

(Student Signature)

The Section Below is for Office Use Only

Received - Date

By:

(Confirm form is complete: responses to statements, name, WID, & student signature/email)

Confirmed - Date:

By:

Notification Date:

By: