



Phone (360) 650-3158  
Fax (360) 650-6549  
Old Main 275  
[www.finaid.wvu.edu](http://www.finaid.wvu.edu)

**Credit Load Waiver Request Form**  
Academic Year:  
**UNDERGRADUATE**

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

WID: \_\_\_\_\_ Name: \_\_\_\_\_

<b>→ Please respond to each item below:</b>	<b>Fall</b>	<b>Wtr</b>	<b>Spr</b>
1. Indicate the <b>number of credits</b> you will be enrolled in <b>each</b> quarter. <u>Note:</u> A student employee must be enrolled at least half time, or <b>6 credits</b> , to meet <a href="#">eligibility requirements</a> .			
2. Indicate the <b>one quarter</b> you wish to request a Credit Load Waiver (CLW). <u>Note:</u> You are only eligible for only one CLW <b>during an academic year</b> .			
3. <b>If applicable</b> , indicated the quarter you will <b>graduate</b> .			

**→ 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:**

Save the completed form, in .pdf format, attach and send it from your <b>student email account</b> .	<b>OR</b>	Print, sign (below) and deliver form to Student Employment Center (OM 275 or MS 9049) or fax to 360-650-6549.  _____ (Student Signature)
--	-----------	---

<b>Office Use Only</b>	
Received - Date _____	By: _____
(Confirm form is complete: responses to statements, name, WID, & student signature/email)	
Confirmed - Date: _____	By: _____
Notification Date: _____	By: _____