



Phone (360) 650-3158
Fax (360) 650-6549
Old Main 285
www.finaid.wvu.edu

Credit Load Waiver Request Form
Academic Year 2011-2012
UNDERGRADUATE

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

WID: _____ Name: _____

→ Please respond to each item below:	Fall	Wtr	Spr
1. Indicate the number of credits you will be enrolled in each quarter. <u>Note:</u> A student employee must be enrolled at least half time, or 6 credits , to meet eligibility requirements .			
2. Indicate the one quarter you wish to request a Credit Load Waiver (CLW). <u>Note:</u> You are only eligible for only one CLW during the 2011-2012 academic year .			
3. If applicable , identify 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:

Save the completed form, in .pdf format, attach and send it from your student email account .	OR	Print, sign (below) and deliver form to Student Employment Center (OM 285 or MS 9049) or fax to 360-650-6549. _____ (Student Signature)
--	-----------	---

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