WALLA WALLA UNIVERSITY
Graduate Study Request

Name ___________________________________ Department/School________________________________

Beginning date of employment at WWU _____________________________________________________________

Date of last graduate study leave _______________________________________________________________

Period of time for which leave is requested:

   Beginning date: ________________________  Ending date: ________________________

Institution _______________________________________ _______________________________________

Program pursued ___________________________________ _____________________________________

Degree sought ________________________________________ If NONE, check here_____________

Detailed plans listing courses:

Purpose for study leave request:

Please attach an itemized list of all anticipated expenses: For example: books and supplies, tuition, round-trip
airfare and other travel expenses, housing, etc.

Will you be receiving funds from another organization to help with your study (TA, etc.)?  Yes____ No_____ If yes, name organizations and amount:

The IRS considers reimbursement for tuition, fees, books, supplies and two households as taxable income.

Date ___________________________ Signature __________________________________

Department chair’s/school dean’s comments about departmental support and teaching coverage:

Date ___________________________ Signature __________________________________

Administrative action:

By what policy will graduate study expenses be amortized?

   Summer/over next year _______________________________________________________________

   GC plan for doctoral program__________________________________________________________

   Other ____________________________________________ __________________________________

Copy to:   Employee; Human Resources