

## FELLOWS/TRAINEES

### PETITION FOR GRADUATE STUDENT HEALTH INSURANCE AND NON-RESIDENT WAIVER

WSU ID	Name	Stipend Amount	Appointment Dates	Budget # and Funding Source	Graduate Student Health Insurance requested (required if requesting waiver)	Non resident waiver requested	Specific Duties (Attach statement if necessary)

I certify that the above student(s) is:

- 1) paid a stipend of at least \$800 per month; and
- 2) engaged in research similar to that of an RA; and
- 3) registered for at least 10 credits at the time of submission.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Graduate Program Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized signature on budget number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department contact person

\_\_\_\_\_  
Phone

**Attach documentation of student's stipend.** *Waivers will not post until all information is verified.  
Return to Paul Weed, Graduate School (1030), no later than the end of the second week of classes.*