

**UNIVERSITY OF NEVADA, RENO
20 HOUR GRADUATE ASSISTANT GIA/ FEE WAIVER**

For department use

Student Name: _____ R# _____

Semester/Year of fee Waiver: FALL 2009 (check one) Fall Spring

Insurance Pay: Fall Only Annual/Aug-Aug Spring/Summer Spring (Only if graduating May)

Account Number(s) to be charged

Authorizing Signature

Special instructions for health insurance or Account numbers: _____

Graduate Assistant pays \$53.63 per credit (Graduate Credit Requirements: minimum of six (6) and a maximum of twelve (12))

FOR CASHIERS OFFICE USE ONLY
CONTRACT ID= JV20
AMOUNT: _____
GRANT IN AID WAIVES ALL NON-RESIDENT TUITION

<input type="checkbox"/> YES, I want insurance <input type="checkbox"/> NO, I do not want insurance INSURANCE PREFERENCE/ADDENDUM MUST BE ON FILE AT THE GRADUATE SCHOOL HUMAN RESOURCES OFFICE.
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