

**Teaching/Research Assistant  
 Request to Waive Assignment Form**

Office of Graduate Studies  
 University of Ontario Institute of Technology  
 2000 Simcoe Street North  
 Oshawa, ON L1H 7K4  
 T 905.721.8668  
 F 905.721.3062  
[www.gradscholarships@uoit.ca](http://www.gradscholarships@uoit.ca)

WHAT? This form is used for graduate students who wish to request to waive their Teaching/Research Assistant assignment

WHO? The form must be signed by the student, Graduate Program Director or designate, then submitted to the Office of Graduate Studies for final approval and processing.

WHEN? The length of time for requests to be processed is normally 48 hours. During peak times, processing time may be longer.

**To be completed by the student:**

Last Name	First Name	Student Number
_____	_____	_____
Current Term:	Program	
_____	_____	

**Deadline for submission to gradscholarships@uoit.ca:**

Fall term: August 15  
 Winter term: December 15  
 Spring term: April 15

Please note, in accordance with Section 12.02, exceptions to the deadlines above may be made for extenuating circumstances.

This form is NOT a Request for Leave of Absence form for registration purposes. Students wishing to request a Leave of Absence from studies should complete the Request for Leave of Absence form on the Graduate Studies website.

**Term of Waiver\*:**

Fall     Winter     Spring/Summer

\* where the waiver spans more than one term, please clearly indicate the effective term(s) below.

Reason for waiver:

By signing this form, the student understands that the Teaching Assistantship is part of their financial package and that they are waiving those funds and the assignment of hours during the term(s) as noted above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the Graduate Program Director and Dean of Graduate Studies:**

Approved     Declined                       Approved     Declined

\_\_\_\_\_  
 Graduate Program Director Signature and Date

\_\_\_\_\_  
 Dean of Graduate Studies Signature and Date

**FOR OFFICE OF GRADUATE STUDIES ONLY**

Processed by	Date
_____	_____

*The information requested on this form is collected under the authority of the University of Ontario Institute of Technology Act, 2002. This information is being collected for the management of TA/RA preference pools. Inquiries concerning the collection of this information should be directed to the Graduate Financial Officer, UOIT, 905.721.8668.*