

REQUEST FOR EXEMPTION FROM SOCIAL SECURITY WITHHOLDING TAX

Graduate Student's Name: _____ SS#: _____ - _____ - _____

Academic Unit where employed as a Graduate Research Assistant: School of Biological Sciences

Term(s) for which exemption is requested: _____

Certification of eligibility by academic unit: The graduate student named above should be exempted from Social Security Withholding Tax for the term(s) indicated for the following reason:

The Ph.D./M.S. student named above is working in a research laboratory as a component of his or her educational requirement and is enrolled in the minimum number of research hours required for doctoral students who have passed their comprehensive examinations.

OR

The graduate student named above is enrolled in less than six credit hours because it is his or her exit semester.

Signatures of certifying individuals:

Student's major/research advisor:

_____ Date signed: _____

Principal Graduate Advisor of academic unit:

_____ Date signed: _____

Recommendation for approval of Request:

School of Graduate Studies:

_____ Date signed: _____

Action by Payroll Office:

Approve Deny

Signature: _____

Action date: _____

Comments: