UCMERCED
Division of Graduate Studies

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Merced, CA 95343
Phone: (209) 228-4723
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REQUEST FOR EXCEPTION FORM

This form must be completed by the Hiring Unit
Please submit this form to the Graduate Division, Student Services Building (SSB) 310.

SECTION I. EMPLOYEE/STUDENT INFORMATION

NAME: _____ (Last / First / Middle)
EMPLOYEE ID: _____
STUDENT ID: _____
SCHOOL: _____
ADVISOR: _____
GRADUATE PROGRAM:
GPA:

SECTION II. APPOINTMENT INFORMATION

Period of Exception Request: ☐ Fall _____ ☐ Spring _____ ☐ Other: _____

Appointment Type: ☐ GSR ☐ TA ☐ TF ☐ Reader ☐ Tutor Course: _____

Hiring Unit: _____

Hiring Unit Signature Authorization	Print Name	Date
Faculty Advisor Signature	Faculty Advisor – Print Name	Date
Graduate Chair Signature	Graduate Chair – Print Name	Date

☐ **1. GPA below minimum for appointment type**

- ☐ 1st/2nd semester grades
- ☐ Student and adviser have met; plan for improvement is in place
- ☐ Other reasons or supporting comments: _____

☐ **2. More than 2 Incomplete Grades**

- ☐ Student is in process of clearing; indicate anticipated date: _____
- ☐ Other reasons or supporting comments:

_____

☐ **3. This appointment will cause the student to work 50% - 75%**

Please note that international students on F-1 and J-1 visas are limited to working no more than 50% time during the semester. This is a federal regulation, and Graduate Division cannot make exceptions

% of this appt _____ % of other appts_____

- ☐ Student is in good academic standing; appointment will not affect progress towards degree
- ☐ GSR appointment directly related to student's dissertation
- ☐ Financial hardship
- ☐ Department has critical need; student is uniquely qualified
- ☐ Other reasons or supporting comments:

_____

☐ **4. TA appointment exceeds 8 semester teaching limit**

QE taken? ☐ Yes ☐ No Date: _____

Number of TA semesters prior to this appointment: _____

- ☐ Student is in good academic standing; student is uniquely qualified
- ☐ Department has critical need; student is uniquely qualified
- ☐ Other reasons or supporting comments:

_____

☐ **5. TA/Reader/Tutor will assist in a graduate course**

☐ Student is advanced to candidacy for the doctorate
☐ Student will not be in competition with students taking the course for employment, fellowships, or grants
☐ Student will not assign grades (assignments of grades is the sole responsibility of the faculty member in charge of the course).

Name of Instructor of Record: _____
Faculty member

If Reader or Tutor:

☐ Student has received a grade of "B" or better in the course
Semester & Year: _____

☐ **6. Late and Retroactive Appointments**

☐ Late Appointment
☐ Retroactive Appointment
Justification:

_____
_____
_____

☑ **7. Other:**

_____
_____
_____

Please note, if an employment exception is not approved the student will be responsible for paying their tuition & fees.

SECTION III. FOR GRADUATE DIVISION USE ONLY

☐ APPROVED
☐ NOT APPROVED

_____ _____
Graduate Dean or Designate (print name, then sign) Date

ROUTING NECESSARY: ☐ No ☐ Yes

If "Yes,"

☐ Copy sent to Academic Personnel on _____ (Date), by _____ (Name & Initials)

☐ Copy sent to School on _____ (Date), by _____ (Name & Initials)