



This form must be completed by the Hiring Unit

Please submit this form to the Graduate Division by email: gradfunding@ucmerced.edu.

REQUEST FOR EXCEPTION FORM

SECTION I. EMPLOYEE/STUDENT INFORMATION

| | | | |
|-------------------|-------------------|--------------|-------|
| NAME: | _____ | EMPLOYEE ID: | _____ |
| | Last First Middle | STUDENT ID: | _____ |
| SCHOOL: | _____ | ADVISOR: | _____ |
| GRADUATE PROGRAM: | _____ | GPA: | _____ |

SECTION II. APPOINTMENT INFORMATION

| | | | |
|-------------------------------------|---|---------------------------------------|---------------------------------------|
| Period of Exception Request: | <input type="checkbox"/> Fall _____ | <input type="checkbox"/> Spring _____ | <input type="checkbox"/> Other: _____ |
| Appointment Type: | <input type="checkbox"/> GSR <input type="checkbox"/> TA <input type="checkbox"/> TF <input type="checkbox"/> Reader <input type="checkbox"/> 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 _____, by _____
Date Name & Initials

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