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www.grad.uci.edu

Request for Graduate Student Employment or Fellowship Exception

To: Gillian	Hayes,	Dean,	Graduate	Division

Department:					
School: Date:					
Student Information					
Student Name (Last,First):					
Student ID:	Quarter/Year:	Pero	cent Time:		
Appointment title:					
Reason for Exception (check al	l that apply)				
12 Qtr. Limit Beyond 50% Time	e Late Appt. Entry Low	GPA Low GPA (fellow	vship) Low Grade		
Modify GSR Fee Remission More than two "I" Grades Other:					
Reason for requested exception and course of action to resolve issue (attach separate memo if needed):					
Department Contact:		Extension:			
Approved Denied		Approved	Denied		
Department Chair/Graduate Ad	visor Signature #	Associate Dean of School S	Signature		
	- Name Date /	Associate Dean of School (Name Date		
Department Char/Graduate Advisor	Name Date ,		vanic Bate		
Graduate Division: Approved	Denied M	ust meet with a graduate	division counselor		
Dean of Graduate Division		Date			