

120 Aldrich Hall, Irvine, CA 92697-3180 Phone: (949) 824-4611 Fax: (949) 824-9096

Dean of Graduate Division

## **Request for Graduate Student Employment** or Fellowship **Exception**

www.grad.uci.edu					
To: Gillian Hayes, Dean, Graduate Division					
Department:					
School:	Date:				
<b>Student Information</b>					
Student Name (Last,First):					
Student ID:	Quarter/Year:		Percent Time:		
Appointment title:					
Reason for Exception (check all t	that apply)				
12 Qtr. Limit Beyond 50% Time	Late Appt. Entry	Low GPA	Low GPA (fellowship)	Low Grade	
Modify GSR Fee Remission More	e 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 Der	nied	
Department Chair/Graduate Adviso	r Signature	Associate Dean of School Signature			
Department Chair/Graduate Adviso	r Name Date	Associate Dean of School Name Date			
Graduate Division: Approved De	enied	Must meet with a Graduate Division Counselor			

Date