

### To: Dean of Graduate Division

Department:

School:

Date:

### Student Information

Student Name (Last,First):

Student ID:

Quarter/Year:

Percent Time:

Appointment title:

### Reason for Exception (check all that apply)

12 Qtr. Limit    Beyond 50% Time    Late Appt. Entry    Low GPA    Low GPA (fellowship)    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 Advisor Signature

Associate Dean of School Signature

Department Chair/Graduate Advisor Name    Date

Associate Dean of School Name    Date

Graduate Division: Approved    Denied

Must meet with a graduate division counselor

Dean of Graduate Division

Date