

120 Aldrich Hall, Irvine, CA 92697-3180 Phone: (949) 824-4611 Fax: (949) 824-9096 www.grad.uci.edu



Request for Graduate Student Employment or Fellowship Exception

Date:			School:					
To: Gillian Hayes, Dean, Graduate Division			Department:					
Student Name:			Student ID:					
Quarter/Year:			Percent Time:					
Appointm	ent Title:							
Re: Reque	est for an Exception to	o Policy for (select	all that apply):				
Low GPA	Late Appt. Entry E	Beyond 50% Time	Low Grade	12 Qtr. Limit	More than two	"I" grades		
Modify GSF	R fee remission Low	GPA (Fellowship)	Other:					
Reason fo	or requested exception	n and course of a	ction to be ta	aken to resolve	issue (attach sepa	arate memo if ne	eded):	
Department Contact:				Extension:				
☐ Approved ☐ Denied				Approved				
				☐ Denied				
Departn	nent Chair/Graduate Adviso	or Date	Ass	ociate Dean of Scho	ool	Date		
For Gr	raduate Division use only:	☐ Approved ☐ Denie	d [☐ Must meet with G	rad Division Gradua	ate Counselor		
Dean (of Graduate Division	D	– ate					