
Petition for Exception to Policy

This form must be used by graduate students who are requesting to work in an Academic title, but do not meet the normal eligibility requirements for the position. Please provide all needed information at least **two weeks prior** to the begin date of the appointment, since any student needing an exception will **NOT** be allowed to work until the exception has been approved. Making sure that all documentation and information is included will hasten the turnaround time of this request. Forms submitted without proper signatures will be returned.

Print Student Name: _____

UC Davis Student ID #: _____ E-mail: _____

Graduate Program: _____ Hiring Department: _____

Student's Signature: _____ Date: _____

CURRENT STATUS

Master's Student Doctoral Student

Number of units enrolled during proposed quarter: _____ Current GPA: _____

Number of registered quarters: _____

Passed Qualifying Examination/Advanced to Candidacy

CURRENT APPOINTMENT(S) BEING HELD

Title: _____ Percentage of Appointment: _____

Begin Date: _____ End Date: _____

PROPOSED APPOINTMENT REQUIRING EXCEPTION TO POLICY

Title: _____ Percentage of Appointment: _____

Begin Date: _____ End Date: _____

REASON EXCEPTION IS BEING REQUESTED

Appointment exceeds 50%

Filing Fee or **PELP** (circle one) appointment beyond the one-quarter allowance. Number of quarters on PELP/FF: _____

Employment beyond the 15 quarter total limit. Number of quarters worked: _____

Exceeding the 9/12 quarter limit pertaining to advancing to candidacy. Registered: _____ quarters. Will advance: _____

Low GPA

Associate-In in an upper division course (requires an attached approval from the Committee on Courses)

Other

Comments: _____

UC DAVIS

OFFICE OF GRADUATE STUDIES

One Shields Avenue, Davis, CA 95616, U.S.A.

(530) 752-0650

www.gradstudies.ucdavis.edu

ATTENTION HIRING DEPARTMENT

Prior to submitting this *Petition for Exception to Policy*, the position you are trying to fill must have been listed and no other qualified candidate identified. In the comments section on page one, please tell us where and how you advertised this position and why this candidate is the most qualified.

DEPARTMENT APPROVAL

Hiring Department Chair Signature: _____ Date: _____

Print Hiring Department Chair's Name: _____

Graduate Adviser Signature: _____ Date: _____
(with signature authority)

Print Graduate Adviser's Name: _____

Print Payroll Contact Name: _____

Email: _____

Phone: _____

GRADUATE STUDIES SECTION

Approved Denied

Date department notified: _____

Associate Dean of Graduate Studies Signature: _____ Date: _____

Staff Initials: _____