GRADUATE STUDIES OFFICE OF THE DEAN

PETITION FOR EXCEPTION TO POLICY FOR GRADUATE STUDENT APPOINTMENT (PEP)

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 **2 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. Additional comments may be provided on the back of this form.

Please print or type clearly:

Student Name:_____ SSN/ID#_____

Hiring Dept:_____ Graduate Program:_____

CURRENT STATUS:
❑ Master Student ❑ Doctoral Student Number of units enrolled during proposed quarter._____ Current GPA _____

❑ PELP ❑ FILING FEE Begin date:_____ End Date:_____

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. # of Qtrs on PELP/FF_____
- ❑ Employment beyond the 15 quarter total limit. # of Qtrs worked:_____
- ❑ Exceeding the 9/12 quarter limit pertaining to advancing to candidacy. Registered _____Qtrs. Will Advance_____
- ❑ Low GPA
- ❑ Associate-In in an upper division course (requires an attached approval from the Committee on Courses)
- ❑ Other

Comments:

*****ATTENTION HIRING DEPARTMENT***: Prior to submitting this PEP, the position you are trying to fill MUST have been listed and no other qualified candidate identified. In the comments section above, please tell us where, how you advertised this position, and why this candidate is the most qualified.**

AUTHORIZED SIGNATURES: The hiring department is responsible to make sure that the information submitted on this form is true and correct.

HIRING DEPARTMENT CHAIR, DATE

STUDENT'S GRADUATE ADVISER, DATE
(Not Major Professor; please sign & PRINT name)

PETITION CONTACT AND EMAIL ADDRESS/PHONE NUMBER:_____

FOR GRADUATE STUDIES ONLY

APPROVED **DENIED** **DATE DEPT NOTIFIED:**_____

ASSOCIATE DEAN OF GRADUATE STUDIES:_____DATE:_____
COMMENTS: