

## Graduate Student Eligibility Checklist

The following information is required to determine eligibility to hold a graduate student academic appointment. Please check and complete all that apply. This form applies to the quarter indicated below.

Name: \_\_\_\_\_ Quarter: \_\_\_\_\_  
Hiring Department: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Graduate Program: \_\_\_\_\_ SS#: \_\_\_\_\_

- ☐ My current cumulative GPA is 3.00 or higher. I understand that I must continually maintain a GPA of at least 3.00 in order to be eligible to work.
- ☐ I am currently registered in \_\_\_\_\_ units at UC Davis. I understand that I must continually be registered as a full-time (12 units) graduate student to hold an academic appointment.
- ☐ I understand that graduate students may hold an academic position for ONE quarter only during their academic career while on PELP or Filing Fee.
  - ☐ I am currently on PELP. Begin date: \_\_\_\_\_ End date: \_\_\_\_\_
  - ☐ I am currently on Filing Fee. Begin date: \_\_\_\_\_ End date: \_\_\_\_\_
- ☐ My total appointments for this quarter equal \_\_\_\_\_. I know that graduate students may not work more than 50% during the academic year (excludes students working as SPGR's).
- ☐ I am Advanced to Candidacy, effective \_\_\_\_\_.
- ☐ I have held academic appointment(s) since enrollment as a graduate student.  
Please list # of quarters for each: AI/TA \_\_\_\_\_, RA/SPGR \_\_\_\_\_, Other \_\_\_\_\_
- ☐ I currently have a \_\_\_\_\_ Scholarship/Fellowship. Amt. of award \$ \_\_\_\_\_
- ☐ I do not meet all of the eligibility requirements for this position, but I am eligible to work through an approved Petition for Exception to Policy dated: \_\_\_\_\_ by the Dean of Graduate Studies.

If I have questions or do not meet the criteria for this appointment I need to let my Department Representative know immediately. I understand that the above information is being collected to determine my eligibility to hold an academic appointment for the percentage of time listed on my appointment form. I have read and understand this appointment information. I agree to abide by the policies governing this appointment. I understand that the Dean of Graduate Studies must approve any exceptions that are necessary before I begin this appointment. I understand that my eligibility for this appointment will be audited, and that failure to maintain eligibility may result in immediate termination of my appointment.

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Dept. Representative Signature/Date

As the responsible party, I have verified the information submitted on this form to ensure that this student is eligible to hold this appointment.