

### 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.

Student Name: \_\_\_\_\_ Quarter: \_\_\_\_\_

Hiring Department: \_\_\_\_\_ UC Davis Student ID #: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

- 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 Filing Fee.
  - 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 75% during the academic year.
- I am Advanced to Candidacy, effective \_\_\_\_\_.
- I have held academic appointment(s) since enrollment as a graduate student.  
Please list the number of quarters for each: AI/TA/Reader \_\_\_\_\_, GSR \_\_\_\_\_, Other \_\_\_\_\_
- I currently have a \_\_\_\_\_ Scholarship/Fellowship. The amount of award is: \$ \_\_\_\_\_
- 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.

#### STUDENT AGREEMENT

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: \_\_\_\_\_

Department 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.*

Department Representative's Name: \_\_\_\_\_