

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.