Request for Exception to Limit on Summer Appointment for Graduate Assistantships

Graduate Student's Name:		UIN:
		by the University for the following ice equivalent and exceeding compensation at for services required based on the employing
Service begin:	Service End:	FTE:
List reasons below why the work additional sheets if necessary):	c requires active participat	ion for the entire period stated above (attach
This certifies that the work will be performed during the period for which compensation is requested.		
Dept/Unit Representative		Date
I accept this appointment that is an exception to the summer 2/9ths limit as detailed in the University General Rules Article IV: Section 1(e). Additionally, I understand that the acceptance of this appointment does not entitle me to vacation benefits.		
Signature of Graduate Assistant		Date
SUBMIT THIS ORIGINAL FO ACADEMIC HUMAN RESOU		HR TRANSACTION CHECKLIST TO

NEW 5/10/07