



Exception Request Form for TF Appointments

For students who do not meet the standard eligibility requirements.

Last Name: _____ First Name: _____

G-Year: _____ Department: _____ Degree Program (PhD/AM/SM/ME): _____

Registration status (Full Time/On Leave/Traveling Scholar): _____

What is the reason for the exception request?

Please list all of the teaching you are doing this academic year, including the department(s) you are teaching in, course title(s) or tutorials, number of sections, and professor(s):

Total number of sections or tutorials fall term: _____ / spring term: _____

I. Please explain briefly the impact this TF appointment will have on your academic progress.

II. Does this TF appointment relate to your research and/or academic development? If so, please explain.

III. What is your expected completion date for your degree (or for General Exams, if not yet passed)?

Signatures

Students should complete this form and send it to their department advisor.

Advisors should indicate their approval by signing and returning the completed PDF form to gsas_teaching_appointment@fas.harvard.edu.

Student Signature: _____ Date: _____

Department Advisor Statement in favor of exception (*statement is optional, signature is required*):

Department Advisor's Name: _____ Signature (*required*): _____ Date: _____

(please print)