



**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 select any and all that apply):*

I do not meet the requirement for satisfactory academic progress

Other *(please specify):* \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

Total number of sections 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 form to Laura Pascale (SCC 350)  
 or forwarding the completed PDF to pascale@fas.harvard.edu.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Advisor Statement in favor of exception *(optional)*:

Department Advisor's Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GSAS Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_