



# Graduate Student Working Hours Exception Form

(The purpose of this form is to satisfy the required approval process per TTU OP 70.27 and OP 64.03)

Name: \_\_\_\_\_  
First MI Last

R#: \_\_\_\_\_ Dept Phone: \_\_\_\_\_

Dept Name: \_\_\_\_\_ Dept Org: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
First MI Last

Position Number(s): \_\_\_\_\_ Position Title(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Range for Exception:  
To: \_\_\_\_\_ From: \_\_\_\_\_

Justification for the exception:  
\_\_\_\_\_  
\_\_\_\_\_

How will this exception benefit the student's academic career:  
\_\_\_\_\_  
\_\_\_\_\_

## Approvals

### **For Academic Department Approval:**

Requesting Dept Chairperson: \_\_\_\_\_

Student's Home Dept: \_\_\_\_\_

Requesting Dept Dean: \_\_\_\_\_

Graduate School Dean: \_\_\_\_\_

Provost : \_\_\_\_\_

### **For Administrative Department Approval:**

Requesting Dept Head: \_\_\_\_\_

Student's Home Dept: \_\_\_\_\_

Requesting Vice President: \_\_\_\_\_

Graduate School Dean: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_

### **DISTRIBUTION**

Original - Human Resources

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