

Texas A&M University at Galveston

Probationary Student Employment Exception Form

All students who are in good disciplinary standing and are making satisfactory academic progress towards their degree are eligible for student employment on campus. **Satisfactory Academic Progress is defined as the maintenance of a cumulative GPA of 2.0 or better and the successful completion of at least 24 credit hours per academic year.**

By completing this form, you are acknowledging that your cumulative GPA is below the minimum requirement of 2.0 and are therefore requesting an exception to the Student Employment Rules. You also acknowledge that you meet all other requirements for student employment as set forth in the Student Employment Rules.

Part 1 – TO BE COMPLETED BY THE STUDENT

Full Name:		UIN:	
Current Semester: Fall Spring	Academic Year: 20____	Number of Hours Enrolled:	
Academic Major:	Cumulative GPA:	Total Hours Earned at TAMUG:	
Please explain your reasons for your current academic deficiency and your plan for improving this deficiency during this semester. Please explain in detail how the Student Employment Program will help you reach this goal.			
Student Signature:		Signature Date:	

Part 2 – TO BE COMPLETED BY THE HIRING DEPARTMENT

Department Name:	Hiring Supervisor:	
I am aware that this student is seeking a waiver of the Student Employment Rules. I understand that the student is in academic difficulty and is subject to academic probation and/or suspension. I feel this students' employment of _____ hours per week, under my direct supervision, will not be a detriment to the student's academic performance.		
Supervisor's Signature:	Phone Number:	Date:

Part 3 – TO BE COMPLETED BY THE STUDENT'S ACADEMIC DEPARTMENT

I have reviewed the student's explanation and plan of action as listed above, as well as the hiring supervisor's recommendations. My evaluation of this request is as follows:		
Academic Advisor's Signature:	Phone Number:	Date:

Part 4 – TO BE COMPLETED BY THE VICE PRESIDENT FOR ACADEMIC OPERATIONS – DR. DONNA LANG (or other designated representative):

Comments and/or Recommendations:	
Exception Approved _____	Exception Denied _____
VPAO Signature:	Signature Date: