

Graduate Student Work Limit Overload Petition Recommendation/Approval Form

NOTE: BY UNIVERSITY POLICY, GRADUATE STUDENTS MAY NOT WORK MORE THAN 25 HOURS PER WEEK. REQUESTS TO GO ABOVE THAT LEVEL SHOULD NOT BE APPROVED.

STUDENT NAME: _____ LIN: _____

PRIMARY ON-CAMPUS SUPERVISOR ACKNOWLEDGEMENT AND ENDORSEMENT

I have reviewed the attached petition for an overload and my recommendation is,

Approve the request

Deny the request

I recognize my support for this petition does not constitute/guarantee College approval.

Primacy of Graduate Studies:	I understand that if I recommend approval and the petition is approved, I am agreeing to monitor the student's academic progress to ensure that the additional work does not negatively affect his or her studies, and that the hours worked in this office do not exceed the number indicated on this form.		
Signature:		Date:	
Printed Name:		Title:	
Department:			

SECONDARY ON-CAMPUS SUPERVISOR (ADDITIONAL HOURS) ACKNOWLEDGEMENT & RECOMMENDATION

After reviewing the attached petition for an overload, my recommendation is,

Approve the request

Deny the request

I recognize my support for this petition does not constitute/guarantee College approval.

Primacy of Graduate Studies:	I understand that if I recommend approval and the petition is approved, I am agreeing to monitor the student's academic progress to ensure that the additional work does not negatively affect his or her studies, and that the hours worked in this office do not exceed the number indicated on this form.		
Health Care Eligibility:	I further understand that if working in this position for me, <i>in addition to any existing work responsibilities</i> , causes this student to exceed a total hourly work limit of 29 hours per week at Lehigh , I expect my office will be responsible for paying the full cost of the subsidy for the health insurance Lehigh would subsequently be required to offer this student, provided he/she accepts such coverage.		
Signature:		Date:	
Printed Name:		Title:	
Department:			



If necessary, attach additional sheets for additional supervisor recommendations and signatures for any additional positions on campus.



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STUDENT NAME: _____ LIN _____

ACADEMIC ADVISOR ACKNOWLEDGEMENT AND RECOMMENDATION

After reviewing the attached petition for an overload, my recommendation is,

Approve the request Deny the request

I recognize my support for this petition does not constitute/guarantee College approval.

Primacy of Graduate Studies:	I understand that if I recommend approval and the petition is approved, I am agreeing to monitor the student's academic progress to ensure that the additional work does not negatively affect his or her studies. If I determine that the additional work hours are negatively affecting the student's studies, I will contact my department chair or director of graduate studies and discuss this with the student's campus supervisor(s).		
Signature:		Date:	
Printed Name:		Title:	
Department:			

DEPARTMENT CHAIR (OR DESIGNEE) ACKNOWLEDGEMENT AND RECOMMENDATION

I have reviewed the attached petition for an overload and my recommendation is,

Approve the request Deny the request

I recognize my support for this petition does not constitute/guarantee College approval.

Health Care Eligibility:	If working in this position, <i>in addition to any existing work responsibilities</i> , causes this student to exceed a total hourly work limit of 29 hours per week at Lehigh , and the responsible supervisor listed above proves unable to pay the full cost of the subsidy for the health insurance Lehigh would subsequently be required to offer this student, provided he/she accepts such coverage, my office would NOT be responsible for covering this cost.		
Signature:		Date:	
Printed Name:		Title:	
Department:			

This form, with all information and signatures attached, should be returned to the graduate associate dean's office of the student's College.

COLLEGE ACTION

Request approved Request denied

Signature:		Date:	
Comments:			