



PETITION OF WAIVER FOR TIME EXTENSION*
MUST BE SUBMITTED ONE SEMESTER PRIOR TO SIX YEAR LIMIT

*Extension will be granted for no more than one academic year.

Student Name _____ Graduate Program _____

Semester of Admission _____ Effective Catalog _____

Mailing Address _____
Address City ST Zip

Email Address _____

I am asking for an extension of the six year time limit:

Specify justification for extension (be specific): _____

Please extend my six year time limit to be completed by _____ (semester/yr.)

Course updates must be attached for all courses that will be out-of-date by adjusted time. No more than ten credits may be updated.

Received in Graduate Office

Forwarded to Program for consideration:

Chair/Unit Chair/Program Director

Date

Dean of College

Date

Graduate Committee Action

The time extension is approved until _____ (semester/yr.)

The time extension is not approved

Chair of Graduate Committee

Date