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| LOGO_OneLine |
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| **graduate sTUDIES petition**  *Exception to regulation:* COMPLETION OF THE MASTER’S DEGREE WITHIN SIX YEARS  Time Allowance and Limitations  Master’s students have six calendar years to complete their degrees from the beginning of the first course taken and listed on the program of study. If this does not occur, student must petition to use the courses older than 6 years. This petition serves to indicate the committee feels the student’s current knowledge is current.  **This form must be typed or completed with a word processor.** **This petition expires one year from date below.** |

|  |  |  |  |
| --- | --- | --- | --- |
| Your Name (print or type) |  | W Number |  |
| Major |  | Degree |  |
| Your Signature |  | Date |  |

* This request is based on the following extraordinary circumstances:

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(Attach additional sheets if necessary)

**List the course(s) that are older than 6 years that are being petitioned for continued use on program of study:**

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| --- | --- | --- | --- |
| **Sem/Yr** | **Prefix** | **Course Number** | **Course Title** |
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**The committee chair has verified that each of the courses has NOT change significantly since the student earned credit in the course and the student’s present knowledge of the subject matter is acceptable judged against standards for the course presently offered.**

**EACH OF THE UNDERSIGNED, having carefully considered the facts stated above; the existence and intent of laws, regulations and policies; fairness to this student and other students; the consequences of grant or denial; and their professional and collegial responsibilities, RECOMMEND AS FOLLOWS:**

#### RECOMMEND APPROVAL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | Academic Advisor/Committee Chair |  | Date |  |
|  | Yes |  | No | Dept. Head/Interdisc. Pgm Dir. |  | Date |  |

#### GRANT APPROVAL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | College Dean |  | Date |  |
|  | Yes |  | No | Associate Provost |  | Date |  |
|  | Yes |  | No | University Registrar |  | Date |  |