

GRADUATE STUDENT - APPROVAL FOR WAIVER OF SIX-YEAR TIME LIMIT

Student Name _____ SSN _____

Degree Program _____ Semester Applied to Graduate: _____
May-Aug-Dec/Year

The following course(s) were completed more than six-years prior to the student's completion of the degree program. At the date of approval of the degree candidacy, the course(s) did not exceed the six-year time limit. Please indicate below your approval or denial of courses identified being included in the student's degree program.

<u>CATALOG # - COURSE</u>	<u>GRADE</u>	<u>DATE COMPLETED</u>
_____	_____	_____
	Approved	Not Approved
Advisor _____	<input type="checkbox"/>	<input type="checkbox"/>
Department Chair _____	<input type="checkbox"/>	<input type="checkbox"/>
Associate Dean of School _____	<input type="checkbox"/>	<input type="checkbox"/>

<u>CATALOG # - COURSE</u>	<u>GRADE</u>	<u>DATE COMPLETED</u>
_____	_____	_____
	Approved	Not Approved
Advisor _____	<input type="checkbox"/>	<input type="checkbox"/>
Department Chair _____	<input type="checkbox"/>	<input type="checkbox"/>
Associate Dean of School _____	<input type="checkbox"/>	<input type="checkbox"/>

<u>CATALOG # - COURSE</u>	<u>GRADE</u>	<u>DATE COMPLETED</u>
_____	_____	_____
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Advisor _____	<input type="checkbox"/>	<input type="checkbox"/>
Department Chair _____	<input type="checkbox"/>	<input type="checkbox"/>
Associate Dean of School _____	<input type="checkbox"/>	<input type="checkbox"/>

<u>CATALOG # - COURSE</u>	<u>GRADE</u>	<u>DATE COMPLETED</u>
_____	_____	_____
	Approved	Not Approved
Advisor _____	<input type="checkbox"/>	<input type="checkbox"/>
Department Chair _____	<input type="checkbox"/>	<input type="checkbox"/>
Associate Dean of School _____	<input type="checkbox"/>	<input type="checkbox"/>

RETURN COMPLETED FORM TO THE GRADUATE SCHOOL, GC204
 (Use additional forms if more than four courses)