

REQUEST FOR WAIVER OF GRADUATE TIME LIMIT

Limits: **Master's Program - Full-time, three years; Part-time, five years.**
Doctoral Program - Seven years after completion of twenty-four credits

Student Name _____ I.D. Number _____

Department _____ Degree MA MS MM Ph.D.
 DA DMA Other _____

Entry into program _____ Date _____ Completion of 24 Graduate Credits _____ Date _____

Leave Approved by Graduate School: From _____ To _____

Advancement to Candidacy _____ Date _____

REASON FOR REQUEST:

Requested Extension: From _____ To _____

PLEASE ATTACH LETTER FROM STUDENT

Signature _____ Date _____
Director of Graduate Studies

GRADUATE SCHOOL REVIEW

Approved Disapproved
Reason:

Signature _____ Date _____
The Graduate School