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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student name |  |  | Banner ID |  |
|  | *First name* | *Last name* |  |  |
| 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. Please indicate below your approval or denial of courses identified being included in the student’s degree program.

| **(1)** | **Catalog #** | **Course Title** | **Grade** | **Date Completed** |
| --- | --- | --- | --- | --- |
|  |  |  |  |

|  | Approved | Not Approved | Date |
| --- | --- | --- | --- |
|  |  |  |  |
| *Advisor* |  |  |  |
|  |  |  |  |
| *Department Chair* |  |  |  |
|  |  |  |  |
| *Associate Dean of School* |  |  |  |

| **(2)** | **Catalog #** | **Course Title** | **Grade** | **Date Completed** |
| --- | --- | --- | --- | --- |
|  |  |  |  |

|  | Approved | Not Approved | Date |
| --- | --- | --- | --- |
|  |  |  |  |
| *Advisor* |  |  |  |
|  |  |  |  |
| *Department Chair* |  |  |  |
|  |  |  |  |
| *Associate Dean of School* |  |  |  |

| **(3)** | **Catalog #** | **Course Title** | **Grade** | **Date Completed** |
| --- | --- | --- | --- | --- |
|  |  |  |  |

|  | Approved | Not Approved | Date |
| --- | --- | --- | --- |
|  |  |  |  |
| *Advisor* |  |  |  |
|  |  |  |  |
| *Department Chair* |  |  |  |
|  |  |  |  |
| *Associate Dean of School* |  |  |  |

| **(4)** | **Catalog #** | **Course Title** | **Grade** | **Date Completed** |
| --- | --- | --- | --- | --- |
|  |  |  |  |

|  | Approved | Not Approved | Date |
| --- | --- | --- | --- |
|  |  |  |  |
| *Advisor* |  |  |  |
|  |  |  |  |
| *Department Chair* |  |  |  |
|  |  |  |  |
| *Associate Dean of School* |  |  |  |

***RETURN COMPLETED FORM TO THE GRADUATE SCHOOL, CLEV 204***

**(Use additional forms if more than four courses)**