

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

Student name			Banner ID	
	<i>First name</i>	<i>Last name</i>		
Degree Program		Semester Applied to Graduate:		
			<i>May-Aug-Dec</i>	<i>Year</i>

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) <u>Catalog #</u>	Course Title	Grade	Date Completed

	Approved	Not Approved	Date
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Advisor</i>			
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Department Chair</i>			
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Associate Dean of School</i>			

(2) <u>Catalog #</u>	Course Title	Grade	Date Completed

	Approved	Not Approved	Date
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Advisor</i>			
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Department Chair</i>			
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Associate Dean of School</i>			

(3) <u>Catalog #</u>	Course Title	Grade	Date Completed

	Approved	Not Approved	Date
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Advisor</i>			
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Department Chair</i>			
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Associate Dean of School</i>			

(4) <u>Catalog #</u>	Course Title	Grade	Date Completed

	Approved	Not Approved	Date
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Advisor</i>			
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Department Chair</i>			
	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Associate Dean of School</i>			

RETURN COMPLETED FORM TO GRADUATE STUDIES , CLEV 204 /gradoffc@buffalostate.edu

(Use additional forms if more than four courses)