## Petition to Extend the 8-Year Time Limit for Graduate Study

All petitions are fillable PDFs—no Adobe subscription needed; use the Adobe desktop app to access full features and sign digitally.

Student Name:					
G Number:					
Email Address:					
Phone Number:					
Graduate Program:					
at the time of graduation from those credits in a graduate Graduate Program Director In order to be considered for	es that will be from a catalog y m your graduate degree progradegree, please complete this formula all materials record and 8-Year extension, please cate a plan to complete your plan with this petition.	am and wish to include orm and submit it to your quested below.  complete the following:			
Record below the courses that are now <b>or will be by the time of graduation</b> beyond the 8-Year time limit that you are including in your planned program:					
Course Number	Course Name	Semester completed			
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Write a letter that thoroughly explains how you have maintained currency in the content area of each course that is now (or will be at time of graduation) beyond the 8-Year time limit. Do not explain how you are currently using the knowledge learned in the courses nor current job responsibilities, but how you have remained current in the subject area and built upon that knowledge (i.e. seminars, conferences, independent readings, professional development courses, tutorials, subsequent coursework, coursework from other institutions). Please briefly address why you were unable to complete your degree program within the 8-year time limit.  Obtain letters of support from your academic advisor, course instructor, and/or graduate program director that also explains how you have remained current in the content that is now (or at the time of graduation) beyond the time requirement.  Return this form and ALL required materials to your Graduate Program Director. The petition will not be considered until all required documentation is submitted.  Student Signature:  Anticipated semester/year of degree's completion:  Program/Faculty Advisor ( ) Support ( ) Don't support  Signature:  Graduate Program ( ) Support ( ) Don't support  Director	Course Number	Course Name	Anticipated semester of completion		
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Please email the electronic document for final review to: <a href="mailto:shumwayt@gvsu.edu">shumwayt@gvsu.edu</a>

Vice Provost and Dean of The Graduate School	( ) Support	( ) Don't support
Signature:		