

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

Student Name: _____

G Number: _____

Graduate Program: _____

If you completed any courses that will be from a catalog year more than 8 years old **at the time of graduation from your graduate degree program** and wish to include those credits in a graduate degree, please complete this form and submit it to your Graduate Program Director. Please include all materials requested below.

In order to be considered for an 8-Year extension, please complete the following:

- Meet with your advisor to create a plan to complete your program. Submit a copy of the revised program plan with this petition.
- Record below the courses that are now **or will be by the time of graduation** beyond the 8-Year time limit that you are including in your planned program:

Course Number	Course Name	Semester completed

- Record below the courses that will still be within the required time limit at the time of graduation that you are including in your planned program:

Course Number	Course Name	Semester completed

- Record below the courses that you still need to complete:

Course Number	Course Name	Anticipated semester of completion

- 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:

Name: _____ Signature: _____

Email Address (*please print clearly*): _____

Daytime Telephone Number: _____

The semester/year you anticipate completing the degree: _____

Program/Faculty Advisor: **Support** **Don't support**

Name _____ Signature _____ Date _____

Graduate Program Director: **Support** **Don't support**

Name _____ Signature _____ Date _____

Once approved by the Graduate Program Director, please email completed forms and all documents to:

The Graduate School
 Contact Name: Trista Bergerud
 Email: bergerut@gvsu.edu
 Phone: (616) 331-2675