**Petition to Extend the 8-Year Time Limit for**

**Graduate Study**

**Student Name­:**

**G Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

* Meet with your advisor to update your planned program of study. Submit a copy of the revised planned program 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 time requirement. Do not explain how you are currently using the knowledge learned in the courses, 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 a letter of support from your advisor, instructors, and/or administration 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:**

Name Signature Date

**Graduate Program Director:**

Name Signature Date

**Once approved by the Graduate Program Director, please submit completed forms to:**

The Graduate School

Contact Name: Trista Bergerud

Email: bergerut@gvsu.edu

Phone: (616) 331-2675