



# PETITION: COURSE(S) EXCEEDING TIME LIMITATION

## GRADUATE ADVISOR OF RECORD

\_\_\_\_\_  
*Graduate Advisor of Record, Signature*      *Printed Name*      \_\_\_\_\_  Approve  Disapprove  
*Date*

Comments:

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## DEPARTMENT CHAIR

\_\_\_\_\_  
*Department Chair, Signature*      *Printed Name*      \_\_\_\_\_  Approve  Disapprove  
*Date*

Comments:

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## ASSOCIATE DEAN

\_\_\_\_\_  
*Associate Dean, Signature*      *Printed Name*      \_\_\_\_\_  Approve  Disapprove  
*Date*

Comments:

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## DEAN OF THE GRADUATE SCHOOL

\_\_\_\_\_  
*Vice Provost and Dean of The Graduate School, Signature*      \_\_\_\_\_  Approve  Disapprove  
*Date*