



PETITION: COURSE(S) EXCEEDING TIME LIMITATION

Student Name

Banner ID

Program

Anticipated Graduation Date

☐ Master's ☐ Doctoral

COURSE(S) EXCEEDING TIME LIMIT

Justification:

Course/ Number	Name of Course	Semester Taken	Grade	Catalog section the course will apply to	Approvals

PETITION: COURSE(S) EXCEEDING TIME LIMITATION

GRADUATE ADVISOR OF RECORD

Graduate Advisor of Record, Signature

Printed Name

Date

DEPARTMENT CHAIR

Department Chair, Signature

Printed Name

Date

ASSOCIATE DEAN

Associate Dean, Signature

Printed Name

Date

Comments:

DEAN OF THE GRADUATE SCHOOL

Vice Provost and Dean of The Graduate School, Signature

Date