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

Student Name: G Number: Graduate Program:					
the time of graduation fro credits in a graduate deg	urses that will be from a catalog m your graduate degree progra ree, please complete this form include all materials requested l	am and wish to include those and submit it to your Graduate			
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			
	courses that will still be within the	•			
Course Number	Course Name	Semester completed			
☐ Record below the	courses that you still need to co	mplete:			
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.				
	•	•	Graduate Program Director. The cumentation is submitted.		
Stude	nt:				
Name	:	Signature	:		
Email	Address (please print cle	early):			
Daytir	ne Telephone Number:				
The se	mester/year you anticip	oate completing the	degree:		
Progra	am/Faculty Advisor:	Support	Don't support		
Name	·	Signature	Date		
Gradu	rate Program Director:	Support	☐ Don't support		
Name		Signature	Date		
	approved by the Graducuments to:	vate Program Directo	r, please email completed forms ar	nd	

The Graduate School

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