Petition to Extend the 12-Credit Limit for Graduate Study

Student Name: G Number: Graduate Program:		
to include those cred		a-degree seeking student and wish am, please complete this form and
of the revised	ur advisor to update your planne planned program with this petiti v the courses taken prior to admi	
	·	
Course Number	Course Name	Semester completed
•	de all of the above courses in yo cluded in your planned progran	ur planned program? If not, please n:
□ Record below	the courses completed after a	dmission to a graduate program:
Course Number	Course Name	Semester completed
	+	
□ Record below	the courses that you still need to	o complete:
Course Number	Course Name	Anticipated semester of completion

	Write a letter that addresses why yo degree seeking student.	ou completed more than	12 credits as a non-		
	Obtain a letter of support from your include credit hours over the 12-cre graduate program.	•			
Return this form and ALL required materials to your Graduate Program Director. The petition will not be considered until all required documentation is submitted.					
Stude	ent				
Name	ne: Si	gnature:			
Email Address (please print clearly):					
Daytime Telephone Number:					
The semester/year you anticipate completing the program:					
Program Advisor					
Name	neSi	gnature	Date		
Graduate Program Director (if different)					
Name	neSi	gnature	Date		
*Students in the College of Education, please submit to the Director of the Student Information & Services Center at 401C DeVos Center before sending to The Graduate School. Once approved by the Program Advisor and/or Graduate Program Director, please					
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Once approved by the Program Advisor and/or Graduate Program Director, please submit completed forms to:

The Graduate School, 318C DEV Contact Name: Jennifer Palm

Phone: (616) 331-6858 Email: <u>palmj@gvsu.edu</u>