

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

Student Name: _____

G Number: _____

Email Address: _____

Phone Number: _____

Graduate Program: _____

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

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:

[illegible]

- ☐ 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:

[illegible]

- ☐ 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 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.

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 Signature:		
Anticipated semester/year of degree's completion:		

Program/Faculty Advisor	() Support	() Don't support
Signature:		

Graduate Program Director	() Support	() Don't support
Signature:		

Please email the electronic document for final review to: shumwayt@gvsu.edu

Vice Provost of The Graduate School	<input type="checkbox"/> Support <input type="checkbox"/> Don't support
Signature:	