



## **PETITION FOR WAIVER OF SEVEN YEAR LIMIT ON APPLICABLE COURSE WORK FOR GRADUATE STUDENTS**

PLEASE READ THIS COVER SHEET BEFORE COMPLETING THE WAIVER

All work applied to a graduate degree at Salisbury University, including transfer credits and thesis, must be completed within seven calendar years after the date on which the first course meeting degree requirements was completed. Any course completed more than seven years prior to the final completion date of all graduation requirements cannot be used toward graduation.

If you have course work that has surpassed the seven year limit, you may petition the Dean of Graduate Studies to waive this regulation.

### **Instructions for completing the waiver:**

1. Fill out the attached form
2. Attach any and all documentation required for the student's request.
3. Once the form has been filled out and signed with all the appropriate signatures this form will be returned to the Office of Graduate Studies and Research for the Dean to review. If the form is missing any signatures or documentation - this form will not be reviewed and will be returned to the student's graduate program.
4. Once the Dean of Graduate Studies and Research signs the form, it will be processed. All documentation will be kept by the Office of Graduate Studies and Research.



**Petition for Waiver of University Policies for Seven Year Limit on Applicable Course Work**

PLEASE TYPE OR PRINT CLEARLY

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ SU ID# \_\_\_\_\_

SU Email \_\_\_\_\_

I am enrolled in the following graduate program: \_\_\_\_\_

I hereby petition for wavier of the seven (7) year limit on applicable coursework.

List all courses to be waived: \_\_\_\_\_

\_\_\_\_\_

Student's Statement. (Indicate why you feel this petition should be granted. Attach additional page if necessary.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I have read the attached information sheet pertaining to the waiver of University policies that I am requesting, have attached all pertinent information and required documentation to support my request, and have obtained all necessary signatures of certification.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Graduate Program Coordinator's Signature

\_\_\_\_\_ Approved    \_\_\_\_\_ Not Approved

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Graduate Studies Signature