PETITION FOR WAIVER OF SEVEN YEAR LIMIT ON APPLICABLE

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:_____