

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: \_\_\_\_\_

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