

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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