

Waiver of Academic Statute of Limitations Form Rev. 06/2018

Please complete this form and submit with the following -- Letter of explanation from student (typed); Copy of transcript(s) from DegreeWorks; Senior Record Check (graduating seniors only). A written departmental assessment of the work and its relevance to the current curriculum mandates of the degree program. Courses over 12 years will not be accepted for credit toward any graduate degree program.

Banner ID	Student Full Name			Student Email		
Telephone	Degree, Major, Concentration, Track, Specialization (if applicable)			Advisor		
COURSE TITLE	GRADE HR		COURSE TITLE	GRADE	CREDIT SEM HRS TAKEN	
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ii more space	is needed, submit a comple	etea secona form a	and indicate at top of both pages that i	t is Page # OI #.		
Student's Signature	Advisor's Signature		Chairperson's Signature	Academic Dea	Academic Dean's Signature	
Date of Signature	Print or Type Name		Print or Type Name	Print or Type Name		
	Office Exte	ension	Office Extension	Office Extension		
	Date of Sig	nature	Date of Signature	Date of Signature		
For Academic Affairs' Use Only:	Approved: yes	no	For Regist	trar's Office Use Only	:	
Authorized Signature of Academic Affairs Date			-	Data Pagaiyad		
Aumonzeu Signature of Acade	mic Arrans Da	ne		Date Received		