



Request to Waive the Time Limitation Policy

Graduate Office, 701 Ginger Hall, Morehead, KY 40351

Name _____ ID# _____

Address _____

E-mail _____ Telephone _____

List each course that is over ten years old. Provide rationale for the time limitation waiver. Please attach all documentation.

For each course you must receive approval from the appropriate instructor currently teaching the course, Department Chair and College Dean:

The signature below indicates approval of the course(s) for completion of the program.

1. _____ Date _____
Instructor

2. _____ Date _____
Department Chair

3. _____ Date _____
College Dean

4. _____ Date _____
Graduate Dean