

**REQUEST FOR WAIVER OF CONTINUOUS ENROLLMENT
For Graduate Students**

Student ID Number: _____ Term(s) of Request: _____

Last Name	First Name	Major
Street ()	City	State/Zip Code
Phone Number	Email	

DIRECTIONS: Read policy below, fill out this form, obtain program coordinator's recommendation, necessary verifications, and turn in completed form to the Graduate School Office.

CONTINUOUS ENROLLMENT POLICY: *Once all coursework is completed, it is expected that students will maintain continuous enrollment in 7005: Continuing Thesis/Project until all degree requirements have been met. Students must maintain their Graduate Standing: Classified status and be enrolled in graduate coursework in order to apply for graduation. Students who are not enrolled in 7005 may not use university services. CSU Stanislaus policy specifies that no more than seven consecutive years may be used to complete the requirements for a graduate degree. This waiver does not extend the seven year limit for program completion. For additional pertinent information, consult the University Catalog.*

Reason for Request:

Student Signature: _____ Date: _____

For Program Use Only:

<p><u>Program Coordinator Recommendation:</u></p> <p>_____ _____ _____</p> <p>Program Coordinator Signature: _____ Date: _____</p>

For Graduate Office Use Only:

___ Granted waiver of continuous enrollment for _____ / _____

Term(s) Year

___ Request denied _____

Graduate School Evaluator's Signature: _____ Date: _____