



Exception of Time Limits
Allowed to Complete Degree
G11

Student's Name: _____ UIN#: _____

College: _____ Program: _____

Master's _____ EdS _____ Doc _____

Approve _____ Disapprove _____

Graduate Program Director (Print Name) Graduate Program Director (Signature)

Dean or Designee (Print Name)

Dean or Designee (Signature)

Date