



Exception of Time Limits  
Allowed to Complete Degree  
G11

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Student's Name: \_\_\_\_\_ UIN#: \_\_\_\_\_

College: \_\_\_\_\_ Program: \_\_\_\_\_

Master's            EdS            Doc \_\_\_\_\_

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Approve            Disapprove

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

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Dean or Designee (Print Name)

\_\_\_\_\_  
Dean or Designee (Signature)

\_\_\_\_\_  
Date