



California State University, Stanislaus  
Graduate School

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

Student ID Number: \_\_\_\_\_ Term(s) of Request: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street City State/Zip Code  
( )

\_\_\_\_\_  
Phone Number Email

**DIRECTIONS:** Read policy below, fill out this form, obtain program coordinator's recommendation, necessary verifications, and file form at Graduate School Office, MSR 160.

**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>
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**For Graduate Office Use Only:**

\_\_\_ Granted waiver of continuous enrollment for \_\_\_\_\_ / \_\_\_\_\_  
Term(s) Year

\_\_\_ Request denied \_\_\_\_\_

Graduate School Associate Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution Copies: Graduate School, Program Coordinator, Student