

**CALIFORNIA STATE UNIVERSITY, STANISLAUS**  
**Graduate School**  
**One University Circle**  
**Turlock, CA 95382**

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

Name \_\_\_\_\_  
(Please print)                      Last                                      First                                      Middle

Student ID # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_  
   Street #                                      City                                      State                                      Zip

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

***CONTINUOUS ENROLLMENT POLICY:** Once all coursework is completed, it is expected that students will maintain continuous enrollment in 7005 Continuing Thesis or 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 time limit for program completion. For additional pertinent information, consult the University Catalog.*

**REQUEST:** I request a waiver of continuous enrollment from California State University, Stanislaus beginning:  
\_\_\_\_\_ / \_\_\_\_\_ and ending \_\_\_\_\_ / \_\_\_\_\_  
Month                                      Year                                      Month                                      Year

**REASON FOR REQUEST:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RECOMMENDATION OF PROGRAM COORDINATOR:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACTION ON REQUEST BY GRADUATE SCHOOL:**  
 Granted waiver of continuous enrollment from \_\_\_\_\_ 20\_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_\_  
 Request denied \_\_\_\_\_  
\_\_\_\_\_

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