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: _____