

Ferris State University
College of Education and Human Services
School of Education

Waiver to 5 year Completion Policy

Student Name: _____ Student Number: _____

Date of Request: _____ Current Address: _____

Advisor: _____ Year Accepted into Program: _____

I am requesting an extension of the 5-year completion policy.

Please check one of the following:

This is an initial extension request _____

This is a second extension request _____

I am requesting an extension of _____ year(s).

The rationale for this request is:

Student Signature: _____ Date: _____

I support this request _____ I do not support this request _____

Advisor's Signature (date)

The School of Education Graduate Curriculum Committee recommends this request _____

The School of Education Graduate Curriculum Committee does not recommend this request _____

Chair of the SOEGCC (date)