California State University, East Bay

FIVE-YEAR RULE* WAIVER PETITION EXTENSION FOR A SIXTH YEAR

			Net ID#:		
Last Name	First	M.I.	Degree Objective:		
Address:					
			E-mail Addre	ss:	
FOR A ONE-YEAR EX	TENSION THROUG	GH THE SIXTH YEAR			
Intended Quarter of G	raduation: F□	W□ Sp□ Su□	, Year 20		
List all courses which v	vill be more than fiv	e years old, but not sever	years old, at the e	end of that quarter.	
Course Prefix And Number	Quarter Taken	Course Prefix And Number	Quarter Taken	Course Prefix And Number	Quarter Taken
					
	te my degree by the	o complete my degree be end of sixth year, outdat ster's Degree.			
I request approval of t	his waiver:				
Approval of Graduate Chair or Coordinato	•	Student's S	iignature		Date
		Chair's or Coordina	tor's Signature		Date
Approval of Academic and Graduate Studion					
		Academic Programs	and Graduate Stu	dies	Date

Distribution: Planning, Enrollment Management, and Student Affairs; Department Chair or Coordinator; Student

^{*}The time is calculated backwards five calendar years from the date of graduation. For example, Fall 2011 graduation is in late December, hence Fall Quarter, 2006 is beyond the five-year limit.