Last Name: __________________________ First Name: __________________________ CIN: __________________________

CLASS #:_________________________ Section #:_________________________ Date _____________________

Quarter: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: __________________________

Permission to register will be granted only if all the following conditions are met:

1. The student has not exceeded the time limitations associated with the SP grading symbol OR has received a prior extension of time.
2. The student has previously enrolled for all research (597) and thesis (599) units listed on his/her degree program.

Master’s Degree Objective: __________________________

Registration to complete: ☐ Research (597) ☐ Thesis (599)

Reason for request: __________________________

Student’s Signature: __________________________ Date: __________________________

TO BE COMPLETED BY STUDENT’S ADVISOR

Total 597/599 units on program: _________ Units completed: _________

First 597/599 enrollment date: ____________ Previous Graduate Studies 900 Enrollment: ____________

SP time extension required: ☐ Yes, Date Granted: ____________ ☐ No

SP time limitation or extension expires: ____________

Completion of Student’s Project requires: ☐ Faculty Consultation ☐ University Facilities (list): ____________

I recommend this petition be: ☐ Approved ☐ Denied

Advisor’s Signature: __________________________ Date: __________________________

I recommend this petition be: ☐ Approved ☐ Denied

Dept. Chair/Graduate Advisor: __________________________ Date: __________________________

I recommend this petition be: ☐ Approved ☐ Denied

College Graduate Coordinator: __________________________ Date: __________________________

Form: GS-14