

Permission To Waive Credit Hour Limit

	EDON.				
I am a		Please waive the credit hour limit	for		
Last Name		First Name	Fredonia	Fredonia ID	
Address		City	State	Zip Code	
Country		Email Address			
Phone Number			Current GPA		
		Proposed Coursework			
Dept. Code	Course Number	Course Title		Credit Hours	
D1 1:	1		•,		
Please explain	wny you are reques	ting permission to waive the credit hour lin	nit:		
Student signa	turo			Date	
Student signa	iture			Date	
Department Chair signature				Date	
Dean of the C	College of Education	1 signature (when applicable)		Date	
Dean of the C					
	-GRADU	ATE STUDIES OFFICE	USE ON	LY-	
Approved	☐ Denied				
Associate Vice President for Graduate Studies & Research signature				Date	

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