



Time Limit on Courses and Exams Appeal

(Graduate Business Programs)

A review of your transcripts has revealed credit that is over the prescribed Time Limit on Courses and Exams policy. To appeal this policy, complete this form to verify any relevant and current professional and/or academic experience. If the appeal is approved, your academic evaluation will be updated with the appealed courses that satisfy remaining requirements.

PERSONAL INFORMATION

NAME

STUDENT ID OR DOB

DEGREE INFORMATION

Select the degree you are pursuing:

Master of Business Administration

Master of Science in Human Resource Management with an Emphasis in Diversity and Technology

Master of Science in Management

Master of Science in Organizational Leadership with an Emphasis in Technology and Data Analytics

EMPLOYMENT EXPERIENCE

To be considered for this appeal, related employment experience must have taken place within the time limit for your degree program (i.e., within 5 years or 10 years of entrance into your degree program).

CURRENT JOB INFORMATION

TITLE

DATES IN THIS POSITION

EMPLOYER

FROM

TO

NAME AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR

NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

Describe your duties and functions as they relate to the subjects listed with your degree program above. Please be specific in giving examples of work you do or experience you have that directly relates to your expired courses.

PREVIOUS JOB INFORMATION

TITLE

DATES IN THIS POSITION

EMPLOYER

FROM

TO

NAME AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR

NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

Describe your duties and functions as they relate to the subjects listed with your degree program above. Please be specific in giving examples of work you do or experience you have that directly relates to your expired courses.

ADDITIONAL EXPERIENCE

Describe any other positions you have held that are related to the subjects listed with your degree program above.

ACADEMIC EXPERIENCE AND PROFESSIONAL DEVELOPMENT/TRAINING

Describe any professional development or training courses or programs you have completed, either as part of your job, or outside of your job, where you gained knowledge or experience in the degree-related subject areas.

TRAINING/COURSE NAME

DATE COMPLETED

DESCRIPTION OF KNOWLEDGE GAINED

TRAINING/COURSE NAME

DATE COMPLETED

DESCRIPTION OF KNOWLEDGE GAINED

TRAINING/COURSE NAME

DATE COMPLETED

DESCRIPTION OF KNOWLEDGE GAINED

OTHER RELATED COURSES/TRAINING

Additional pages may be attached, including resumes or descriptions of training/professional development.

Submit this form to evaluation@excelsior.edu.

FOR EXCELSIOR UNIVERSITY STAFF USE ONLY

APPROVED

DENIED

SUBJECTS APPROVED

REVIEWED BY _____ DATE _____