Residency Policy Waiver Form

In order for us to evaluate your request for a 37/43 Residency Policy waiver, please provide the following information:

1) Name 3) Email
2) Phone number 4) ID Number
5) Mailing address
6) Date (semester) of graduation
7) Full name of the off-campus program (e.g., study abroad) in which you are participating and the dates you will be there
8) Name and location of the school you will be attending
9) Courses and number of credits you will complete while off-campus

10) Exact number and location of credits in each of your last semesters leading to graduation*

Semester: __________ __________ __________ __________ Graduation Sem.
Credits: __________ __________ __________ __________ __________
Location: __________ __________ __________ __________ __________

*If exact numbers are not yet known wait to present form until they are. Please abbreviate location (Clemson = CU, etc.). Use CU numbering for semester, e.g., Spring 2014 is 1401. You need only include enough semesters to cover your last 43 credits (but include all credits taken each semester).

Please bring form to E103 Martin Hall (864-656-3022). After your information has been assessed, Dr. Appling will make a decision on your request and, as appropriate, notify the Registrar’s Office and you.

For Office Use Only

Hours waived: _____ 37/43 amount: _____ Percentage: _____

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