

Residency Policy Waiver Form

Date _____

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

- 1) Name
- 2) Phone number
- 3) Email
- 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 101 Vickery 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: _____