

REQUEST FOR WAIVER OF RESIDENCY

Used for approval for students that have completed over 90 units (115 units for engineering majors) to take courses off campus

Name:	Email:	ID #	<i>‡</i> :
Note: This form is not r	needed if the course is taken through an affiliated S	Study Abroad Program.	
Select ONE of the follow	ving options that best describes your status:		
I have fewer than 3 one or more course	30 units remaining to complete my degree, and I requests off campus.	est a waiver of residency req	uirement in order to take
	e than 90 units (115 units for engineering majors) and emaining for my degree.	l am applying to take a cours	se off campus, but I have
Have you already submit	ted a request via the Portal to take this course off-cam	npus? Yes	_ No
The course will be taken	at Institution		
Course Number:	Course Title:	Term:	Units:
Note: Exceptions cannot	e educational reasons for this request (attach extra shee be based on financial reasons alone, and are not typic atts that can be fulfilled at USD in the same term.		
	se to transfer successfully to USD, I must also have 1 send an official transcript to USD.) transfer request approval, 2	2) be within the limits
•	acknowledge that the above three items are needed for	or a successful transfer.	
DATE:	STUDENT SIGNATURE:		
	cos students should submit this form to their adviseir declared major, for the Chair's signature.	sor. CAS students should s	ubmit the form
Approved:			
Denied:	Department Chair (CAS) / Advisor (Knauss/Shile	vy-Marcos) Date	
Approved:	Department Chair (CAS) / Advisor (Khauss/Shile	y-iviaicos) Date	
Denied:	Major Academic Dean	Date	

Form Updated: May 28, 2025