

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 #	# :
Note: This form is not i	needed if the course is taken through an affiliated Study Abi	road 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 request a waive es off campus.	er of residency req	uirement in order to take
	e than 90 units (115 units for engineering majors) and am apply maining for my degree.	ing to take a cour	se off campus, but I have
Have you already submit	ted a request via the Portal to take this course off-campus? 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 sheets if neces be based on financial reasons alone, and are not typically allowed that can be fulfilled at USD in the same term.		
of transfer policy, and 3)	se to transfer successfully to USD, I must also have 1) transfer a send an official transcript to USD. acknowledge that the above three items are needed for a success	1 11 /	2) be within the limits
DATE:	STUDENT SIGNATURE:		
	cos students should submit this form to their advisor. CAS eir declared major, for the Chair's signature.	students should s	ubmit the form
Approved:	Department Chair (CAS) / Advisor (Knauss/Shiley-Marcos)		
Approved: Denied:			
	Major Academic Dean	Date	