



University of San Diego

REQUEST FOR WAIVER OF RESIDENCY
Used for approval to take courses within the last 30 units off campus

Name _____ ID# _____

Local Telephone No.: _____ Proposed date of Graduation _____

Major: _____ Minor: _____

Has graduation petition been submitted to the Office of the Registrar? Yes _____ No _____

I hereby request a waiver of the residency requirement in order to take a course(s) off campus **within my last 30 units**. Note this form is not needed if the course is taken through an affiliated Study Abroad Program.

The course will be taken at **Institution** _____

Course Number: _____ **Course Title:** _____ **Term Taken:** _____ **Units:** _____

Please explain briefly the reasons for this request (attach extra sheets if necessary):

DATE: _____ STUDENT SIGNATURE _____

SMSE students should obtain their advisor's signature. SBA students should submit this form to the [advising office](#). CAS students should submit the form to the department of their declared major, for the Chair's signature.

Approved: _____

Denied: _____

Department Chair (CAS); Advisor (SMSE) _____ Date _____

Approved: _____

Denied: _____

Major Academic Dean _____ Date _____