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 _____ 3) Email _____

2) Phone number _____ 4) CUID Number _____

3) Mailing address _____

4) Date (semester) of graduation _____ (e. g., Spring 2021)

5) Full name of the off-campus program (e. g., study abroad) in which you participated and the dates you were there

_____

_____

6) Name and location of the school you attended

_____

7) Courses and number of credits you completed while off-campus

_____ _____

_____ _____

_____ _____

_____ _____

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

Semester:							Graduation
Credits:							
Location:							

*If exact numbers are not yet known wait to present form until they are. Please abbreviate location (Clemson = CU, etc.). Use abbreviations for semester, e. g., Summer 2020 is *Su20*, Fall 2020 is *F20*, Spring 2021 is *Sp21*.You need only include enough semesters to cover your last 43 credits (but include all credits taken each semester).

Please email form to Lisa Traynham (lltrayn@clemson.edu; 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: _____