

Office of the Registrar, 3200 Cold Spring Road, Indianapolis, IN 46222 Phone: 317.955.6050 Fax 317.955.6575 Email: regis@marian.edu

Name _____ **PHONE NUMBER** _____

Please print

Student ID# _____ **EMAIL ADDRESS** _____

Residency Waiver (see page 25, University Catalog)

"In the baccalaureate programs the last twelve hours in the major and the last thirty hours of credit overall must be earned at Marian.

In the associate programs, the last nine hours in the major and the last fifteen hours of credit overall must be earned at Marian."

Non-traditional credits are not allowed to be earned in the last 30 credits for the bachelor degree or in the last 15 for the associate degree.

State the reasons why you feel this requirement should be waived:

Plan: **List courses** (numbers and titles required) that require residency waiver. **State when and where** you wish to take these courses. State if these courses are non-traditional (CLEP, Portfolio, etc.)

Approval is effective for one year from date of Dean's signature. A new waiver must be completed if courses are taken past this date.

See Jennifer Schwartz, Registrar, before completing this residency waiver form.

The Registrar has advised me regarding transfer courses and provided me with a transfer approval form YES _____ NO _____

Registrar signature _____ Date _____

Advisor signature _____ Date _____
(form will not be accepted without advisor's signature)

Student Signature _____ Date _____

Return this form to the Registrar's Office in Marian Hall room 104; fax to 317.955.6575; or email to regis@marian.edu

Dean of Academic Affairs _____

Approve _____ Deny _____ Date _____

Additional notes _____
