

**Grand Valley State University**  
**Academic Resources and Special Programs Division**  
**Request for Residency Waiver**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_

Major Advisor: \_\_\_\_\_

What course(s) involved? (Please include number and title.)

GVSU Course(s)

Equivalent Course(s) at Proposed School

The University requirement states that the last 30 credits before graduation must be taken at Grand Valley. Why is it necessary for you to take the course(s) elsewhere?

Where do you propose to take the course(s)?

Who has verified the equivalencies?

The requirement of 58 credits at a 4-year institution is never waived. Do you have 58 senior institution credits?

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I support my advisee in her/his request for a residency waiver and have verified and approve the above-mentioned equivalencies.

Advisor's signature: \_\_\_\_\_

(Your advisor **must** sign this form before the request will be considered.)