

**Grand Valley State University
Student Academic Success Center
Request for Residency Waiver**

Date: _____

Student Name: _____

Email address: _____

Student Number: _____

Daytime Phone: _____

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

GVSU Course(s)

Equivalent Course(s)

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 courses elsewhere?

Please meet with your advisor to discuss the following requirements:

1) Please **list your remaining requirements for graduation (indicate the course(s) and credit hours remaining)**.

2) **The requirement of 58 credits at a 4 year institution is never waived. Do you currently have 58 senior institution credits?** _____

If no, attach an explanation of how that requirement will be satisfied.

*It is not necessary to attach additional forms

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

Advisor's Name (please print)

Advisor's Signature

Advisor Campus Address and Phone _____

*****Your request will not be reviewed if this form is incomplete*****

Return completed form to GVSU Student Academic Success Center, 200 Student Services Bldg., 1 Campus Drive. Allendale, Michigan 49401 or fax to 616-331-3103 for questions call 616-331-3588