



GRADUATE WAIVER OF RESIDENCY

Student's GNumber _____ Last Name, First Name _____ Mason E-mail address _____

Student's Program: _____ Admitted to Program: _____ Semester/Year _____

Please list below all coursework that was taken before admission into the degree program.

SUBJECT AND COURSE NUMBER	SEMESTER/YEAR	GRADE	CREDITS EARNED

Residency Requirement

Certificates - More than half of the credits required for the graduate certificate program must be taken after admission to that program.

Masters – A minimum of 18 credits must be taken in degree status, after admission to the degree program.

PhD - More than half of all credits (minimum 72) must be taken in doctoral degree status, after admission to the degree program.

Please explain why there should be an exception made to the policy. _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____ Student's Advisor	_____ Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____ Department Chair or Director	_____ Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____ Student's Academic Dean	_____ Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____ Associate Provost	_____ Date

Certificates – Required for fewer than 6 credits in residency
Masters/PhD - Required for fewer than 15 credits in residency

After completed, return this form to the Office of the University Registrar, Student Union Bldg 1, Room 2101 MS 3D1, Fax (703) 993-4668.

Registrar's Initials: _____/_____