**Request for Residency Waiver  
Grand Valley State University**

**Student Academic Success Center**

**Date:** Click or tap to enter a date.

**Student Name:** Click or tap here to enter name **­­­­­­­­­­­­­­­ Email address:** Click or tap here to enter E-Mail

**Student Number:** Click or tap here to enter G-Number **Daytime Phone:** Click or tap here to enter phone

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

|  |  |  |
| --- | --- | --- |
| **GVSU Course(s)** | **Equivalent Course(s)** | **Proposed School** |
| Click here to enter GVSU Course | Click here to enter Equiv Course | Click here to enter Proposed School |
| Click here to enter GVSU Course | Click here to enter Equiv Course | Click here to enter Proposed School |
| Click here to enter GVSU Course | Click here to enter Equiv Course | Click here to enter Proposed School |
| Click here to enter GVSU Course | Click here to enter Equiv Course | Click here to enter Proposed School |
| Click here to enter GVSU Course | Click here to enter Equiv Course | Click here to enter Proposed School |

**The University requirement states that the last 30 credits before graduation must be taken at Grand Valley. Please explain why is it necessary for you to take the courses elsewhere?**

Click or tap here to enter text.

**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), use next page if needed.** Click or tap here to enter text.

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

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

Return completed form to GVSU Student Academic Success Center, 200 Student Services Bldg., 1 Campus Drive. Allendale, Michigan 49401 or fax to 616-331-3440 or e-mail [sasc@gvsu.edu](mailto:sasc@gvsu.edu). For questions, call 616-331-3588.

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

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

Click to enter Advisor’s Name.

Advisor's Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor's Signature

Advisor Campus Address and Phone: Click to enter Address/Phone