MISSOURI VALLEY COLLEGE – REGISTRAR'S OFFICE

RESIDENCY REQUIREMENT WAIVER REQUEST

NAME:	STUDENT NUM	IBER:
ANTICIPATED GRADUATION DAT	TE: PSHALL, N	DATE:
in residence. If you have a valid reason please complete the information below a	on for a waiver of this poli and submit it to the Regist	nours of a degree program must be taken icy and request permission to back transfer, rar's Office for approval. Once the form is be reviewed and the final determination will
MVC Course number and title:		
Transfer institution where you plan to tal	ke the course:	
Transfer Institution course number & titl	e:	
Semester/Term when you plan to take the	e course:	
Transfer Institution course description:		
Academic Advisor Signature	Division Dean/	Chair Signature
By signing this form you agree that the c support the back transfer.	-	
Registrar's Office final decision:	D	Date: