MISSOURI VALLEY UNIVERSITY – REGISTRAR'S OFFICE

RESIDENCY REQUIREMENT WAIVER REQUEST

NAME: _____ **STUDENT NUMBER:** _____

ANTICIPATED GRADUATION DATE: _____ **DATE:** _____

Missouri Valley University has a policy that the last 30 credit hours of a degree program must be taken in residence. If you have a valid reason for a waiver of this policy and request permission to back transfer, please complete the information below and submit it to the Registrar's Office for approval. Once the form is received with all of the required signatures, the information will be reviewed and the final determination will be sent via email.

MVU Course number and title: _____

Transfer institution where you plan to take the course: _____

Transfer Institution course number & title: _____

Semester/Term when you plan to take the course: _____

Transfer Institution course description:

_____ _____

Academic Advisor Signature School Dean

By signing this form you agree that the course listed above is equivalent to the MVU course listed and you support the back transfer.

Registrar's Office final decision: _____ Date: _____