MISSOURI VALLEY COLLEGE – REGISTRAR'S OFFICE

RESIDENCY REQUIREMENT WAIVER REQUEST

NAME:		1BER:
ANTICIPATED GRADUATION D	PATE: PSHALL M	DATE:
in residence. If you have a valid reaplease complete the information below	ason for a waiver of this pol w and submit it to the Regist	nours of a degree program must be taken icy and request permission to back transfer, trar'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	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 support the back transfer.	e course listed above is equiv	alent to the MVC course listed and you
Registrar's Office final decision:	I	Date: