

UNIVERSITY OF MISSOURI-ST. LOUIS  
THE GRADUATE SCHOOL

**Petition for Waiver of the Residence Requirement (G-9)**

\_\_\_\_\_ has my permission to take the following course(s) off  
Name \_\_\_\_\_ Student Number \_\_\_\_\_ campus during the last two-thirds of the degree program.

\_\_\_\_\_ Title \_\_\_\_\_ Institution \_\_\_\_\_ Semester \_\_\_\_\_  
Number \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ Institution \_\_\_\_\_ Semester \_\_\_\_\_  
Number \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ Institution \_\_\_\_\_ Semester \_\_\_\_\_  
Number \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

TOTAL NUMBER OF HOURS OF TRANSFER COURSES TO BE INCLUDED IN DEGREE PROGRAM \_\_\_\_\_. This is not to exceed one-third of the degree program including workshop and institute courses, courses taken at other institutions, and courses taken through Continuing Education.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO STUDENTS:** It is strongly recommended that you do not take a course off-campus in the semester you plan to graduate. Transcripts from other institutions must arrive by the end of the UM-St. Louis term in order to guarantee graduation.

Approved by:

\_\_\_\_\_ Date \_\_\_\_\_  
Adviser

\_\_\_\_\_ Date \_\_\_\_\_  
Chair/Director of Graduate Studies

\_\_\_\_\_ Date \_\_\_\_\_  
Graduate Dean