Petition for Waiver of the Residence Requirement [G9]

Student Name		Student Number:		
Has my pe	ermission to take the	e following courses off campus durin	g the last two-thirds of the degree program.	
Course Dept.	Course Number	Course Name	Name of Institution	Credit Hours
Justificatio	n for taking course:	s off-campus [Required]:		
Note to s	tudents: It is strong	hird of the degree program including aly recommended that you do not tak	r courses to be included in degree program workshop and institute courses and courses are a course off-campus in the semester you and of the semester term in order to guarante	s taken at other institutions. plan to
Student S	gnature and Date			
			Faculty Advisor Sign	nature and Date
Graduate	Program Director S	ignature and Date		
	· ·	ctor signs, click Submit, n email addressed to <u>GradSchoolFor</u>	rms@umsl.edu	
			Crodusts Co	phool Approval
		Ω	Graduate Sc Dean Christopher Spilling or Associate Dear	chool Approvals n Wesley Harris