

UNDERGRADUATE PETITION TO WAIVE SENIOR RESIDENCE

Student Name: _____ Student I.D.* _____

College: _____ E-mail: _____ Telephone: _____

Quarter and year you plan to graduate: Fall Winter Spring Summer _____
Year

Student Signature: _____ Date: _____

Attach a statement justifying your request. Please be specific.

TO THE STUDENT: Your academic record (transcript) will reflect the exception



Residence Requirements: Credit requirement Three quarter requirement

Comments: _____

College Provost or Designee Approval: _____ Date: _____

*The student number requested on this form may be your social security number. In accordance with the Federal Privacy Act of 1974, as amended, you are hereby notified that disclosure of your social security number is voluntary. This record keeping system was established pursuant to the authority of the Regents of the University of California under Article IX, section 9 of the California Constitution. The principal use of the number shall be to verify your identity in the Student Information System and to locate and maintain your academic records.