

**Belmont University**  
**WAIVER OF SENIOR RESIDENCY REQUIREMENT**

Attach to the Program of Study Change Form

This form is to be used to obtain approval to waive the 32-hour senior residency requirement.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_  
*(please print)*

Student's Signature \_\_\_\_\_ I.D.# \_\_\_\_\_

Email \_\_\_\_\_ Classification \_\_\_\_\_ Major \_\_\_\_\_

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The above-named student is requesting that \_\_\_\_\_ semester hours of his/her senior  
*(number)*  
residency requirement be waived based on the following criteria.

Give justification for the request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of hours earned at Belmont \_\_\_\_\_

Number of hours remaining to complete degree \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_

\_\_\_\_\_  
Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
University Registrar \_\_\_\_\_ Date \_\_\_\_\_

*Signatures must be obtained in the order listed*