



Office of the Registrar
 Freeman Hall, 1st Floor
www.belmont.edu/registrar
 Phone: 615-460-6619
 Fax: 615-460-5415

REQUEST FOR A WAIVER OF THE SENIOR RESIDENCY REQUIREMENT

**Attach a Program of Study Change Form (Substitution Form)
 No request is considered without attached**

The last thirty-two hours must be completed at Belmont University for academic credit. This form functions as a waiver of the senior residency requirement. Approval may be granted for a senior with a demonstrated exception of the policy and the course(s) is not being offered at Belmont University during the term of request.

The senior residency provision does not apply to students participating in formal Belmont consortia, cross-town or credit articulation agreements. Students enrolled in Belmont study abroad courses (any prefix _950 course) do not need to fill out a Senior Residency Waiver Form.

(Please print)

Student's Name: _____ Belmont ID: _____
 Semester/Year: _____ Phone: _____ Belmont email: _____
 Class status: _____ Degree: _____ Major: _____

The above-named student is requesting a waiver for _____ (*credit hours*) of his/her senior residency requirement based on the following criteria: (Give explanation for the request.)

Belmont credit hours earned _____ Belmont hours remaining for completion of degree _____
 Anticipated term/year of graduation _____

Student's Signature _____ **Date** _____

Signatures required for approval.

Faculty Advisor	Date
University Registrar	Date