



# Waiver of Residency Request Form Springfield College

Office of the Registrar  
263 Alden Street  
Springfield, MA 01109-3797  
Phone (413) 748-3530

Fulfillment of the residency requirement calls for the completion of both a minimum of 60 career semester hours at Springfield College and 15 of the final 30 semester hours required for graduation at Springfield College.

Student Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SC ID#: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Current Major/Minor: \_\_\_\_\_ Faculty Advisor: \_\_\_\_\_  
Credit Hours Requested to Transfer: \_\_\_\_\_ University/College(s): \_\_\_\_\_  
\_\_\_\_\_

**Justification for request:** (Attach additional documentation if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Requirement Review:** (Attach additional documentation if necessary)

Number of credits completed to date: \_\_\_\_\_  
Number of credits needed for graduation: \_\_\_\_\_  
Outstanding General Education Requirements/Credits:

Current cumulative GPA: \_\_\_\_\_  
Minimum cumulative GPA of 2.000 required for graduation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outstanding requirements for Major or Minor/Credits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Dean Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant VPAA Signature

\_\_\_\_\_  
Date