



# Exception to the Residency Degree Requirement: Undergraduate

Purpose: Used by undergraduate students to request an exception to the Undergraduate Residency Degree Requirement policy.

### Student Instructions

- Complete Sections 1 & 2 of this form using a computer.
  - a **handwritten form will not be accepted.**
  - an incomplete form will not be processed and returned to you for completion.
- Print the form using the 'Print Form' button.
- Sign the form in Section 3; a digital signature is **not** acceptable.
- Submit the form to your college office.

### College Office Instructions

- Designate approval or denial of the request in Section 4.
- If denied:
  - Sign the form below.
  - Inform the student of the denial via Marquette email.
  - Scan the form to the Office of the Registrar via ImageNow.
- If approved:
  - Sign the form below.
  - Deliver the form to the Office of the Provost.
  - If approved by the Provost notify the student.

### Office of the Provost Instructions

- Render decision in Section 5.
- Scan completed form to the Office of the Registrar at otrdocs@marquette.edu.
- Send the completed form back to the college office.

## Section 1: Student Information

Name \_\_\_\_\_ MUID \_\_\_\_\_  
*Last name, First name, Middle name*

Email \_\_\_\_\_ @marquette.edu

College \_\_\_\_\_ Degree & Major \_\_\_\_\_

Expected Graduation Term (EGT)  
*ex: Term YYYY* \_\_\_\_\_

## Section 2: Exception Requested

- I entered Marquette prior to Summer 2010 (30 of the last 36 credits must be Marquette credits, unless credits earned are from an approved Office of International Education study abroad program)
- I entered or was readmitted to Marquette in Summer 2010 or thereafter (final 30 credits must be Marquette credits, unless credits earned are from an approved Office of International Education study abroad program)

Number of credits remaining to finish degree (*after current term*) \_\_\_\_\_

Number of final credits I wish to take outside of Marquette \_\_\_\_\_

Rationale for this request \_\_\_\_\_  
 \_\_\_\_\_

## Section 3: Student Statement/Signature

*I understand that the goal of the Residency Policy is to provide undergraduate students the unique Marquette experience in their final semesters of work and to maintain the integrity of the Marquette degree. I understand that the recommendation of the college office and the decision of the Provost is final.*

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

## Section 4: College Office Recommendation

- Check one
- Recommend Approval to the Provost       Request Denied

Rationale for your decision \_\_\_\_\_  
 \_\_\_\_\_

College Office Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 5: Provost

- Check one
- Approved       Denied

Rationale for your decision \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_