EXCEPTION TO THE LAST 30 CREDIT HOURS RESIDENCY REQUIREMENT

OFFICE OF THE REGISTRAR
UNIVERSITY OF NORTH DAKOTA
201 Twamley Hall
264 Centennial Drive Stop 8382
Grand Forks ND 58202
Fax (701) 777-2696

NAME (LAST, FIRST, M.I.)				Student ID#
E-MAIL ADDRESS				
LOCAL ADDRESS	STREET	CITY	STATE	ZIP
LOCAL PHONE NO.	EXPECTED GRADUATION DATE	MAJOR	DATE PETITION INITIATED	

Are you taking these courses as a collaborative student? (circle one) Yes No Term (circle one): Fall Spring Summer

INSTRUCTIONS

BE **SPECIFIC** AND **CLEAR** IN YOUR REQUEST, I.E. SPECIFY COURSE(S) BY NAME AND NUMBER

IT IS THE RESPONSIBILITY OF THE STUDENT TO COMPLETE THE PETITION, OBTAIN THE NECESSARY SIGNATURES AND SUBMIT THE FORM TO THE OFFICE OF THE REGISTRAR, ROOM 201, TWAMLEY HALL.

Name of course(s), course number(s) and institution(s) where taken or requesting to be taken:

Reason courses taken or requesting to be taken outside of UND (Be Specific):

STUDENT SIGNATURE: _____

	JUSTIFICATION OF RECOMMENDATION	SIGNATURE	DATE	APPROVE	DIS-APPROVE	NONE
ACADEMIC ADVISOR						
STUDENT'S ACADEMIC DEAN						

Registrar's Office Use Only:

Processed by: Date:

Updated: 05/10/2013