



**Waiver Request for Residency Enrollment Requirement (two continuous semesters of full-time enrollment (9 CH))
Only for non-traditional Ph.D. graduate students**

Email the completed form to gradrecords@gradschool.utah.edu

Check the website for details <https://gradschool.utah.edu/navigating-grad-school/degree-requirements/phd.php>

Graduate Student Information	
Name	UID#
Admitted Semester and Year	Current GPA
Degree, program	Advisor's Name
Anticipated graduation	Director of Graduate Studies Name

Graduate Student Research Supervisor or Director of Graduate Studies Request	
I have reviewed the graduate student's file and approve the request to waive the residency (two semesters of 9 credit hours) requirement.	
_____ Signature	_____ Date
_____ Name	_____ Title

Graduate School Approval	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason for not approving:	
_____ Signature of Graduate Dean or Delegate	_____ Date
_____ Name of Graduate Dean or Delegate	_____ Title