



HONORS SCHOLAR PROGRAM RESIDENCY WAIVER

STUDENT ID NUMBER: _____ PHONE #: _____ Email: _____

STUDENT NAME: _____

Print Legibly Last First Middle Initial

Mailing Address:

Street City State Zip Code

Other College Attended: _____ Number of units completed to date: _____

Intended Graduation Date: _____ Year _____ Semester _____ Intended Transfer University: _____

Explain circumstances requiring residency waiver. (Please state extenuating circumstances why you are unable to complete the requirements before transfer from MiraCosta College. **Complete instructions and description of extenuating circumstances are on the reverse side of this petition form.** Attach appropriate documentation, if available.) Submit this petition to the Honors Counselor in the University Transfer Center prior to deadline to petition for graduation/AA degree. A decision will be communicated within 10 working days of submission.

STATEMENT OF EXTENUATING CIRCUMSTANCES

Attach additional sheet if necessary

Student Signature

Date

Approved

Denied

Honors Counselor

Date

Approved

Denied

Director, Transfer and Articulation Services

Date