## California State University, East Bay Graduate Residency Waiver

Last Name	First	MI	N	et ID	
Address			- M	ajor	
			- <u> </u>	orizon Email	Address
CSUEB requ	ires that 70% of all un	iits used in a r	naster's de	gree progran	n be taken in residence
Residence	Units Required	in Program			
	Units Required	C C			
		C C			
		C C			
Residence Justificatio		C C			

Number	Course Title	Units	Grade	Where Taken

Student Signature	<u>X</u>	Date
Approval of Graduate Dept. Chair Or Graduate Coordinator	<u>X</u>	Date
Approval of Graduate Studies	<u>X</u>	
		Date

**Revised October 2017**