California State University, East Bay Graduate Residency Waiver

Last Name	First	MI	N	Major Horizon Email Address		
Address			_ <u>_</u>			
			_ <u> </u>			
CSUEB require	s that 70% of all units	used in a	master's de	egree progra	m be taken in residence	
Residence U	Inits Required in	Program	:			
Justification:						
Course Number	Course Title		Units	Grade	Where Taken	
Ot along Cina at		V				
Student Signature		<u>X</u>			Date	
Approval of Graduate Dept. Chair Or Graduate Coordinator		X			Date	
Approval of Graduate Studies		X				
					Date	