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| **Name:** | | |
| **Net ID:** | **Class Year:** | **Hinman Box:** |

**Schedule of Official Intercollegiate Sport(s) Competition:**

*For each term, list the sport(s) for which you have at least one scheduled official intercollegiate competition during the term.*

**First-year:** Fall       Winter       Spring

**Sophomore:** Fall       Winter       Spring

**Junior:** Fall       Winter       Spring

**Senior:** Fall       Winter       Spring

**Residency Waiver (select one or both):**

*Students who request exemption of residency requirements are subject to the following regulations. A student who receives one of these residency exemptions but is then unable to fulfill the requirements below must notify the Registrar, who will reassess the exemption and may be obligated to withdraw it.*

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| **Sophomore Summer Residency Exemption** | **Seven-Maximum Fall/Spring Term Exemption\*** |
| * The student **will participate in official intercollegiate athletic competition during each of the twelve terms** listed above. Terms that do not contain actual competition throughout may nonetheless serve, but those in which there is no official intercollegiate competition during the weeks of classes will not. | * The student **will participate in official intercollegiate athletic competition during each of the eight Fall/Spring terms** listed above. Terms that do not contain actual competition throughout may nonetheless serve, but those in which there is no official intercollegiate competition during the weeks of classes will not. |
| * The student must be in residence (R-term), paying tuition and taking a regular course load in **all twelve Fall/Winter/Spring terms** of the four undergraduate years at Dartmouth. | * The student must be in residence (R-term), paying tuition and taking a regular course load in **all eight Fall/Spring terms** of the four undergraduate years at Dartmouth. |

\*The seven-maximum fall/spring term residency requirement applies to the class of ’24 and later only.

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| **By signing this petition, I agree to the regulations stated above.** Typing your full name on the signature line constitutes an electronic signature.  **Student Signature**:  **Date**:  **Athletics Compliance Office Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_ |

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| FOR OFFICIAL USE ONLY |
| Approved  Not Approved |
| Comments: |
| Reviewed by (Registrar’s Office)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |