

**WAIVER OF MAXIMUM RESIDENCE RULE (MRR)***Residency in the Master's Program*

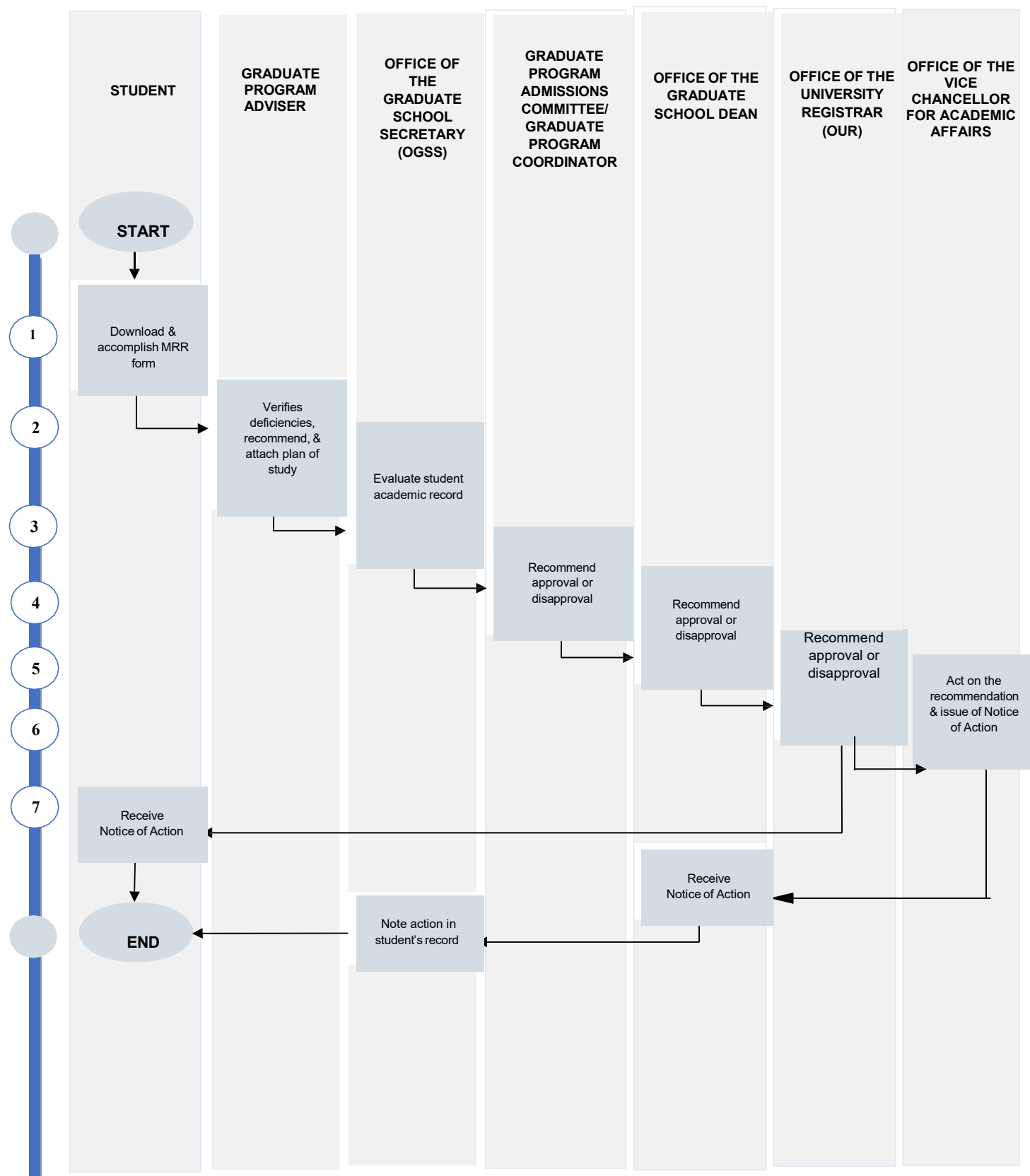
The Maximum Residence Rule (MRR) stipulates that students pursuing a master's degree must fulfill all program requirements within five (5) academic years from their initial enrollment. Should a student be unable to complete the program within this five-year timeframe, they may request a waiver of the MRR. In exceptional circumstances, and subject to approval by the Chancellor, requests for residence extensions may be granted based on merit. Thesis students may be granted a maximum extension period of two (2) years, while non-thesis students may be granted a maximum extension period of one (1) year. Leave of Absence (LOA) will not be counted towards the MaximumResidency Rule.

*Residency in the Doctoral Program*

Doctoral candidates are required to fulfill all program requirements within six (6) years of their initial enrollment in the program. Exceptions for an extension of residence are only granted in highly meritorious cases, with a maximum extension period not exceeding two (2) years. The extension is subject to evaluation and may be granted for one (1) year at a time.

Please find attached the flowchart outlining the process for requesting a waiver of the maximum residence rule, along with the prescribed form.

## Application for Waiver of MRR





UNIVERSITY OF THE PHILIPPINES VISAYAS

**GRADUATE SCHOOL**

General Luna St., Iloilo City 5000 Philippines  
Email Address: [gs-secretary.upvisayas@up.edu.ph](mailto:gs-secretary.upvisayas@up.edu.ph)



**REQUEST FOR WAIVER OF MRR**

\_\_\_\_\_  
Date

**The Vice-Chancellor for Academic Affairs**

UP Visayas

Miag-ao, Iloilo

I, \_\_\_\_\_,  
(Name of Student) (Degree Program/Year Level)

would like to request for waiver of the Maximum Residence Rule and extension of residence effective  
\_\_\_\_\_ to \_\_\_\_\_ for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

**Study Plan for the Period of Extension**

_____, AY _____		_____, AY _____		_____, AY _____	
<u>Course</u>	<u>Units</u>	<u>Course</u>	<u>Units</u>	<u>Course</u>	<u>Units</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Prepared by: \_\_\_\_\_ Recommended by: \_\_\_\_\_  
Signature of Student Name & Signature of Program Adviser

**Recommending Approval / Disapproval:**

**Remarks:**

\_\_\_\_\_  
Graduate Program Coordinator

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommending Approval / Disapproval:**

**Recommending Approval / Disapproval:**

\_\_\_\_\_  
Dean, Graduate School

\_\_\_\_\_  
University Registrar

**REQUIRED ATTACHMENTS: (Please check if submitted)**

- ☐ 1. A signed, detailed letter of the student justifying the reason for enrollment.
- ☐ 2. A signed justification and recommendation letter from the Program Adviser, with both the adviser and the student indicating their agreement.
- ☐ 3. A timeline (or Gantt Chart) for the thesis or Special Problem, agreed upon and signed by both the Program Adviser and the student to ensure a mutual understanding of the expected progress. (For thesis/Special Problem tracks only)
- ☐ 4. A projected study plan that clearly outlines the courses to be taken or residency periods required each term. For students enrolling in residency, please indicate the number of residency terms needed. The projected study plan must be signed by both the Program Adviser and the student.

**ACTION OF THE VICE-CHANCELLOR  
FOR ACADEMIC AFFAIRS**

☐ **Approved** ☐ **Disapproved**

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Vice-Chancellor for Academic Affairs**

Date: \_\_\_\_\_