

Petition for Variance from Academic Policy

Student Name: _____ ID#: _____

E-mail Address: _____

Nature of Request: (Please be specific. Include course number, title, dates, etc.)

Reason for Request:

Student Signature

Date

PLEASE RETURN FORM TO THE REGISTRAR'S OFFICE, LH 216.

I have read, understand, and fully support this petition:

Yes

No

Advisor Signature

Date

Yes

No

Instructor Signature (if necessary)

Date

Yes

No

Registrar Signature

Date

Office Use Only

Comments: _____

Date Entered: _____ By : _____