

# School of Interdisciplinary and Graduate Studies

Variance Request Form will be included as part of student record.

## Student Information

Student ID Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Email: \_\_\_\_\_

Program Plan: \_\_\_\_\_

Graduate Program Director: \_\_\_\_\_

Type of Variance Requested: \_\_\_\_\_ Other: (if selected) \_\_\_\_\_

If Admission is selected above: \_\_\_\_\_ Other: (if selected) \_\_\_\_\_

Dates if applicable from: \_\_\_\_\_ To: \_\_\_\_\_

Rationale:

*Student Signature*

*Date*

**Graduate Program Director/Chair Approval**

Approved

Rejected

Comments:

*Graduate Program Director/Chair Signature*

*Date*

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**Unit Dean Review**

Approved

Rejected

Comments:

*Unit Dean Signature*

*Date*

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**Vice Provost Review**

Approved

Rejected

Comments:

*Vice Provost Signature*

*Date*

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