

# School of Interdisciplinary and Graduate Studies

## Variance Request Form

### Student Information

Student Name:  Student Email:

Student ID Number:  Graduate Program Director:

Program Plan:

Type of Variance Requested:

- Leave of Absence     Overload      Nine Month     Comprehensive Exam  
 Time Extension     Residency     Grades of C     Other (enter reason below)  
 Transfer Credit     Master's Time Limitation     Registration

Dates if applicable from:  To:

Rationale:

*Student Signature*

*Date*

**Graduate Program Director/Chair Approval**

Approved

Rejected

Comments:

*Graduate Program Director/Chair Signature*

*Date*

**Unit Dean Review**

Approved

Rejected

Comments:

*Unit Dean Signature*

*Date*

**Vice Provost Review**

Approved

Rejected

Comments:

*Vice Provost Signature*

*Date*