

Variance Request Form

Information entered here 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:

Rationale:

*Student
Signature*

Date

Graduate Program Director/Chair Approval

Approved

Rejected

Comments:

*Graduate Program
Director or Chair
Signature*

Date

Unit Dean Review

Approved

Comments:

Rejected

Unit Dean Signature

Date

Vice Provost Review

Approved

Comments:

Rejected

*Vice Provost
Signature*

Date