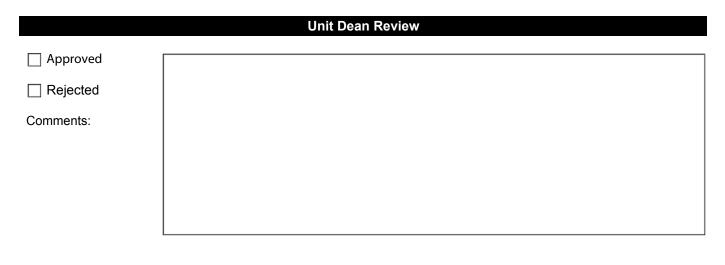
## School of Interdisciplinary and Graduate Studies

Variance Request Form will be included as part of s	
Student ID Number:	mation
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:	

Graduate Program Director/Chair Approval	
Approved	
Rejected	
Comments:	

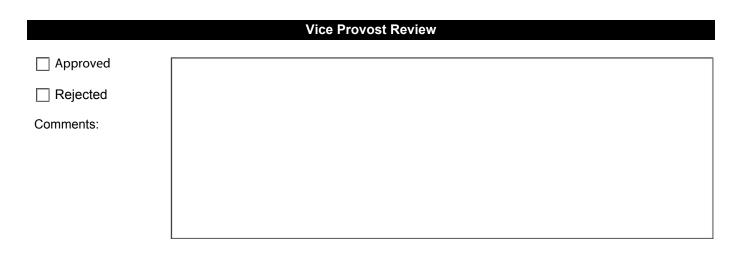
Graduate Program Director/Chair Signature

Date



Unit Dean Signature

Date



Vice Provost Signature