

School of Interdisciplinary and Graduate Studies

Variance Request Form

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 Jane Doe

Date

Graduate Program Director/Chair Approval

Approved

Rejected

Comments:

Graduate Program Director/Chair Signature

Date

Unit Dean Review

Approved

Rejected

Comments:

Unit Dean Signature

Paul DeMarco

Date

Vice Provost Review

Approved

Rejected

Comments:

Vice Provost Signature

Beth A. Boehm

Date
