

STUDENT SECTION
To be completed by the student.



School of Interdisciplinary and Graduate Studies

Variance Request Form

Student Information

Student Name:	<input type="text"/>	Student Email:	<input type="text"/>
Student ID Number:	<input type="text"/>	Program Plan:	<input type="text"/>
Graduate Program Director:	<input type="text"/>		

Type of Variance Requested:

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Overload | <input type="checkbox"/> Nine Month | <input type="checkbox"/> Comprehensive Exam |
| <input type="checkbox"/> Time Extension | <input type="checkbox"/> Residency | <input type="checkbox"/> Grades of C | <input type="checkbox"/> Other (enter reason below) |
| <input type="checkbox"/> Transfer Credit | <input type="checkbox"/> Master's Time Limitation | <input type="checkbox"/> Registration | <input type="text"/> |

Dates if applicable from: To:

Rationale:



INCLUDE DETAILED JUSTIFICATION/RATIONALE FOR REQUEST.

Student Signature

Date

Graduate Program Director/Chair Approval

Approved

Rejected

Comments:

DGS/PROGRAM DIRECTOR/CHAIR
Approval required of DGS/Program Director/Chair.

Graduate Program Director/Chair Signature

Date

Unit Dean Review

Approved

Rejected

Comments:

UNIT DEAN APPROVAL
Approval required of unit dean or their designee.

Unit Dean Signature

Date

Vice Provost Review

Approved

Rejected

Comments:

RETURN TO SIGS FOR FINAL APPROVAL
Final approval lies with Vice Provost for Graduate Affairs.

Vice Provost Signature

Date