

PETITION FOR VARIANCE

BARRY ID#: _____

LAST NAME: _____ FIRST NAME: _____

BARRY EMAIL: _____ CELL PHONE #: _____

DIVISION: ___ Full-time ___ Part-time CURRENT STATUS: ___ 1L ___ 2L ___ 3L ___ 4L

- Defer an Examination** (*Do Not Contact Professor*) Class: _____ Professor: _____
Class meets: _____
- Defer a Paper** (*Faculty approval required*) Class: _____ Professor: _____ Class meets: _____
- Waive Prerequisite** (*Faculty approval required*) Request to waive course _____
- Course Overload** (**2.8 GPA or above required) Indicate hours you request to take _____
- Course Underload** Indicate hours you request to take _____
- Change Division to** _____
- Other** _____

****Variances are only granted for documented instances of hardship.** Please explain the circumstances amounting to the "hardship" that would justify your variance request. You must provide supporting documentation with this request. Incomplete forms will not be processed:

I request the above deviation approval from the Rules of the School of Law. I waive my right to confidentiality which might otherwise apply.

Signature

Date

OFFICIAL USE ONLY	
<p style="text-align: center;"><input type="radio"/> Approved <input type="radio"/> Not Approved</p> <p>Faculty Signature: _____</p> <p>Date: _____</p> <p style="color: red; font-size: small;">(only required for Waive of Prerequisite, Paper Deferment, and some course changes).</p>	<p style="text-align: center;"><input type="radio"/> Approved <input type="radio"/> Not Approved</p> <p>Administration Signature: _____</p> <p>Date: _____</p> <p style="text-align: center; margin-top: 20px;">_____ Senior Associate Dean for Academic Affairs _____ Associate Dean for Student Affairs _____ Registrar</p>