



Rhodes College

PETITION FOR VARIANCE FROM ACADEMIC REGULATIONS

Name _____ Rhodes ID _____

Major _____ Year of Graduation _____

E-mail Address _____ Campus P O Box _____

1. Statement of Petition: (Statement must be in form of a request. Use additional sheet if necessary)

2. Reasons for Request:

Signature of Student Date

3. Faculty Advisor's Statement and Recommendation:

Signature of Advisor Date

Print Name

(over)

4. Professor's Statement and Recommendation (if applicable):

Signature of Professor

Date

Print Name

5. Registrar's Statement of Pertinent Information for the Committee (if applicable):

Routed to _____ Date _____

Signature of Registrar

6. Action of the Committee:

Signature for Committee

Date