

## PETITION FOR VARIANCE FROM ACADEMIC REGULATIONS

Name	ajor		Rhodes ID Year of Graduation	
Major				
E-mail	Address		Campus P O Box	
1.	Statement of Petition: (State	ment 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)		

The Standards and Standing Committee normally meets once a week during regular semesters (Fall and Spring) and on an as-needed basis during the Summer. Completed Petitions are typically reviewed within one week of receipt, except during school breaks and holidays.

4. Professor's Statement and	Recommendation (if applicable):	
	Signature of Professor	Date
	Print Name	
	Print Name	
5. Registrar's Statement of Pe	ertinent Information for the Committee (if ap	plicable):
		r
Routed to		Date
	Signature of Registrar	
6. Action of the Committee:		
o. Action of the Committee.		
	Signature for Committee	

2