



# 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