

PETITION FOR VARIANCE FROM ACADEMIC REGULATIONS

Name _	e		Rhodes ID	
Major .			Year of Graduation Campus P O Box	
E-mail	Address			
1.	Statement of Petition: (Stat	tement must be in form of a request.	. Use additional sheet if necessary)	
2.	Reasons for Request:			
		Signature of Student	Date	
3.	Faculty Advisor's Statemen	t and Recommendation:		
		Signature of Advisor	Date	
		Print Name (over)		

Fall 2020 Standards and Standing Committee meetings are scheduled for Monday afternoons except during Fall Break. Completed petitions and all supporting documentation must be received by noon on the Friday preceding a scheduled meeting to be considered at that meeting.

4. Professor's Statement and R	ecommendation (if applicable):	
	Signature of Professor	Date
	Print Name	
5. Registrar's Statement of Pert	inent Information for the Committee (if a	pplicable):
Routed to		Date
	Signature of Registrar	
6. Action of the Committee:		
	Signature for Committee	
	Signature for Committee	
	Signature for Committee Date	

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