

ROGER WILLIAMS UNIVERSITY SCHOOL OF LAW
REQUEST FOR VARIANCE FROM ACADEMIC RULES

NAME: _____ STUDENT ID#: _____

MAILBOX NO: _____ YEAR: _____ DIVISION: _____

LOCAL ADDRESS: _____

TELEPHONE: Work: _____ Home: _____

I request the following variance from the Academic Rules of the Law School. I waive my rights to confidentiality which might otherwise apply.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Change Division to _____ | <input type="checkbox"/> Defer Paper | <input type="checkbox"/> Overload | <input type="checkbox"/> Transient Academic Year |
| <input type="checkbox"/> Change Schedule | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Postpone Required | <input type="checkbox"/> Underload |
| <input type="checkbox"/> Reschedule Examination | <input type="checkbox"/> Waive Pre-requisite | <input type="checkbox"/> Transient Summer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Waive honor requirement | <input type="checkbox"/> Less than 12 Day Credits | <input type="checkbox"/> Less than 6 Extended Div Credits | |

STATEMENT OF FACTS SUPPORTING REQUEST: (If additional space is needed, please use plain white paper & attach.)

(Date) 20

(Signature of Student)

- Approve Disapproved Other Disposition

Comments:

(Date) 20

(Associate Dean)