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

Name: ___________________________ Student Id# ________________

Year: __________________________

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.

[ ] Change Schedule  [ ] Leave of Absence  [ ] Postpone Required  [ ] Underload
[ ] Reschedule Examination  [ ] Waive Pre-requisite  [ ] Transient Summer
[ ] Waive honor requirement  [ ] Transient Academic Year
[ ] Defer Paper  [ ] Overload  [ ] Other: ____________

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

____________________________________________________________________________________

 (Date) ____________ (Signature of Student)

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[ ] Approve  [ ] Disapproved  [ ] Other Disposition

Comments:

____________________________________________________________________________________

 (Date) ____________ (Associate Dean)