

REQUEST FOR ACADEMIC VARIANCE

This form should be initiated by the student and then forwarded to the appropriate Dean or Department Chair. All General Education Requests should be forwarded to the Office of the University Registrar.

PLEASE PRINT CLEARLY: A COPY WILL BE MAILED TO YOUR CBU STUDENT EMAIL ACCOUNT

Student Name _____ ID# _____

Email _____ Phone _____

Check If Applicable: CBU Varsity Athlete Veterans Benefit Recipient

Program: Traditional: Undergraduate Graduate Doctorate

OPS: Undergraduate Graduate Doctorate

Major: _____ Concentration: _____

Catalog Year: _____ Minor: _____

COURSEWORK REQUESTED FOR VARIANCE:

SUBSTITUTION

EXEMPTION

General Education

Major Requirement

Minor Requirement

Concentration Requirement

California Baptist University

Course Number Course Title

Institution

I have completed or intend to complete the course listed below and request a variance be made for the above listed course:

Course Number Course Title Institution Grade Earned/Year Taken

Please note: a course description and/or syllabi must be attached to this form

I realize approval of my request for variance may alter graduation requirements, and it is my responsibility to seek clarification from Academic Advising. I understand in the rare case a Lower Division course is approved to waive an Upper Division requirement, Upper Division credit will not be granted. I further understand the variance will expire within one year of approval if coursework is not completed.

Student Signature

Date

OFFICE USE ONLY

DO NOT RETURN THIS FORM TO THE STUDENT
SIGNED FORMS SHOULD BE FORWARDED DIRECTLY TO THE OFFICE OF THE UNIVERSITY REGISTRAR

◆ **Dean/Chair (Major/Minor) or University Registrar (GE):**

Approved

Denied

Signature: _____

Date: _____

Comments: _____

◆ **Office of the University Registrar:**

Approved

Denied

Initials/Date: _____

Comments: _____