



Academic Variance

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Full Name: _____ ID#: _____

CBU E-mail: _____@calbaptist.edu Phone: _____

Program: Undergraduate Graduate Doctorate Major: _____

Are you a VA student? Yes No Concentration: _____

Are you a Student Athlete? Yes No Minor: _____

A catalog course description and/or course syllabi must be attached to this form for the course to be considered for variance. Additional information may be requested.

Course requested for variance:

General Education Major Requirement Minor Requirement Concentration Requirement

CBU Course #: _____ CBU Course Title: _____

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

Institution at which course was/will be taken: _____

Course #: _____ Course Title: _____ Grade: _____ Sem/Yr: _____

I realize approval of my request for variance may alter graduation requirements, and it is my responsibility to seek clarification from my advisor. I understand that 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 after one year of approval if coursework is not completed.

Student signature: _____ Date: _____

Office Use Only

Academic Administration: Approved Denied

Signature _____ Date _____

Title _____

Comments _____

University Registrar: Exemption Substitution

Signature _____ Date _____

Comments _____