California Baptist University

REQUEST FOR ACADEMIC VARIANCE

Office of the Registrar
8432 Magnolia Avenue
Riverside, CA 92504
Phone (951) 343-4566
Fax (951) 343-4903

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 Registrar.

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

Student Name _____ ID# _____

Address _____ Phone (home) _____

City, State, Zip _____ Phone (work) _____

Program: ☐ Traditional ☐ Online and Professional Studies (OPS) ☐ Graduate Student

_____ _____ _____

Major Minor Concentration

COURSEWORK REQUESTED FOR VARIANCE: ☐ **SUBSTITUTION** ☐ **EXEMPTION**

☐ **General Education** ☐ **Major/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 <u>must</u> 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 Enrollment 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

<u>OFFICE USE ONLY</u>

SIGNED FORMS SHOULD BE FORWARDED TO SCHOOL OR DEPARTMENT SECRETARY
DO NOT RETURN THIS FORM TO THE STUDENT

♦ **Dean or Department Chair:** I recommend this variance be ☐ Approved ☐ Denied

Signature: _____ Date: _____

Comments: _____

♦ **Registrar:** This request has been ☐ Approved ☐ Denied Initials/Date: _____

Comments: _____

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