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.

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 FORWARDER 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: _______________________________