



PETITION FOR ACADEMIC VARIANCE

PERSONAL INFORMATION

*Indicates Required Field

LLU ID# or Social Security Number:*, Email:*, Name: Last*, First*, Middle, LLU School:*, Program of Study:*, Degree:*, Academic Level:*, Expected Graduation Date: (MM/DD/YYYY) / /, Phone Number:*, Current Mailing Address:*, School Box Number:*, Address:*, City:*, State:*, Zip:*, Country

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Instructions:

- 1. Please complete form on the web, print, and sign with a ball point pen.
2. State your request completely and clearly.
3. Provide adequate information for a decision.
4. Include reason for request.
5. Obtain approval from your department office.
6. Leave petition at the Office of the Dean/Associate Dean of your school of enrollment.
7. A copy of this petition will be sent to you by University Records when your request has been acted upon.

I hereby request the following variance from academic policy:

NOTE: Please attach a course outline, including required textbooks, and other supporting documents.

Request Type: (Note: If the Request Type selected is "Transfer," there is no need to provide an LLU Course in the table below.)

Table with columns: LLU course, Prefix, Number, Course Title, Units. Includes 'With:' section for College/University, Term, Year, Prefix, Number, Course Title, Units. Includes 'Comments:' field.

Request Type: (Note: If the Request Type selected is "Transfer," there is no need to provide an LLU Course in the table below.)

Table with columns: LLU course, Prefix, Number, Course Title, Units. Includes 'With:' section for College/University, Term, Year, Prefix, Number, Course Title, Units. Includes 'Comments:' field.

REQUIRED SIGNATURES

Student's Signature: Date: / /

VERIFICATION

FOR OFFICE USE ONLY

Faculty's Comment: Faculty member must be one who teaches courses similar to request. Faculty's Action: Support/Do not support. Faculty's Signature: Date: Department's Comment: Department/Program recommendation optional based on school and program. Department's Action: Support/Do not support. Department's Signature: Date: Dean's Comment: Dean's Action: Approved/Not Approved. Dean's Signature: Date:

If you have any questions please email Registrar@llu.edu or call (909) 558-4508 or (800) 422-4558