

JOHN MARSHALL LAW SCHOOL

FORM ONE

REQUEST FOR VARIANCE FROM ACADEMIC RULES

NAME: \_\_\_\_\_ S.S. # \_\_\_\_\_

YEAR: \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

I request the following variance from the Academic Rules of the Law School. I waive my rights to confidentiality which might otherwise apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Change Division to _____ | <input type="checkbox"/> Overload of courses      |
| <input type="checkbox"/> Change Schedule          | <input type="checkbox"/> Postpone Required Course |
| <input type="checkbox"/> Defer Examination        | <input type="checkbox"/> Transient: Summer        |
| <input type="checkbox"/> Defer Paper/Project      | <input type="checkbox"/> Transient: Academic Year |
| <input type="checkbox"/> Leave of Absence         | <input type="checkbox"/> Underload of courses     |
| <input type="checkbox"/> Waive Prerequisite       | <input type="checkbox"/> Other                    |

STATEMENT OF FACTS SUPPORTING REQUEST:

Signed: \_\_\_\_\_  
Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

ASSOCIATE DEAN'S ACTION

- Approve       Disapproved       Other Disposition

COMMENTS:

Signed: \_\_\_\_\_  
Signature of Associate Dean \_\_\_\_\_ Date \_\_\_\_\_