

Rowan University
Glassboro, New Jersey

REQUEST FOR A VARIANCE WITHIN A GRADUATE PROGRAM

Return this form to The Graduate School. The Graduate School office will forward for signatures.
Approval of a variance is not a guarantee of its feasibility. The student is advised to contact the Academic Department to determine course(s) availability and make arrangements for timely registration.

Banner I.D. _____

Name _____

Date _____

Local Address _____

Phone _____

SSN _____

Major/Program _____ Matriculation Date (Sem/Year) _____

Full-Time _____

Part-Time _____

Academic/Program Advisor _____

Requested Variance:

Rationale for the Variance:

Student Signature _____ **Date** _____

APPROVAL SIGNATURES

Date

(Advisor) _____ Approved _____ Disapproved _____

Major Department Chair _____ Approved _____ Disapproved _____

College Dean _____ Approved _____ Disapproved _____

Director of The Graduate School _____ Approved _____ Disapproved _____

cc: Student
Registrar
Major Department
CPCE (if applicable)

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 Glassboro, NJ 08028

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