

SAVANNAH 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