

Permission for Course Variance

Student: _____ Student ID # _____

Major: _____

Circle One: First-Year Sophomore Junior Senior

=====

The information below is to be completed by the student's advisor and department chair

Course that needs a variance:

Course - Letter designator, Number, Title, and # of credits

Substitute Course:

Course - Letter designator, Number, Title, and # of Credits

Semester Enrolled

Justification and/or Rationale for course substitution:

=====

Student Signature & Date

Advisor Signature & Date

Department Chair Signature & Date

CCOM Associate Dean Signature & Date

Copy to: Student Advisor Department Chair Registration & Records