LOMA LINDA UNIVERSITY

University Records

Petition for Academic Variance

Student Information

Student ID# Email

Name: Last First Middle

LLU School Select One Program of Study

Degree Academic Level Select One

Expected Graduation Date: (MM/DD/YYYY) / / Phone Number

Petition for Academic Variance

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 for processing with University Records.

I hereby request the following variance from academic policy:

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

Request Type Select One (Note: if the Request Type selected is "transfer," there is no need to provide an LLU Course in the table below.)

LLU Course	Prefix	Number	Course Title	Units

With	College/University	Term	Year

	Prefix	Number	Course Title	Units

Comments

Request Type Select One (Note: if the Request Type selected is "transfer," there is no need to provide an LLU Course in the table below.)

LLU Course	Prefix	Number	Course Title	Units

With	College/University	Term	Year

	Prefix	Number	Course Title	Units

Comments

Student Signature: _____ Date: _____

Verification - *For Office Use Only*

Faculty's Comment: _____

Faculty's Action: ☐ Support ☐ Do not support Faculty's Signature: _____ Date: _____

Department's Comment: _____

Department's Action: ☐ Support ☐ Do not support Department's Signature: _____ Date: _____

Dean's Comment: _____

Dean's Action: ☐ Support ☐ Do not support Dean's Signature: _____ Date: _____

If you have any questions please email registrar@llu.edu or call 909-558-4508