

## **PETITION for VARIANCE**

| ( ) Change Division to _   |   | ( ) Change Schedule _                                      |               |              |            | _               |
|----------------------------|---|--|---------------|--------------|------------|-----------------|
| ( ) Defer Examination (I   | Do NOT approach F   | Faculty:   |               | T:1-         |            |                 |
|                            |   | racuity:   |               | _1 ime cia   | ss meets:_ |                 |
| ( ) Defer Paper            | (facu   | lty supervisor approval need                               | led)          |              |            |                 |
| ( ) 0.4                    |   |  |               |              |            |                 |
| () Overload () Under       | cload ( ) Waive Pi  | rerequisite  |               |              | _          |                 |
|                            |   | stances of hardships. Please                               |               |              |            |                 |
|                            |   | quest in the space below. If yo take. Incomplete forms wil |               | •            | inderioad, | or an overload, |
| you must marcate now mar   | iy nours you wish to  | take. meompiete forms wit                                  | ii not be pro | ccsscu.j     |            |                 |
| NAME:                      | Barry ID  |  |               | D#:          |            |                 |
| DIMIGION E 11 d'           | D ( T'  | CLIDDENT OT ATLIC  | 1.T           | 21           | 21         | 47              |
| DIVISION:Full-time         | Part-Time   | CURRENT STATUS: _  | IL            | 2L           | 3L         | 4L              |
| LOCAL ADDRESS:             |   |  |               |              |            |                 |
|                            |   |  |               |              |            |                 |
|                            |   |  |               |              |            |                 |
| DEDCOMAL EMAIL.            |   |  |               |              |            |                 |
| PERSONAL EMAIL:            |   |  |               |              |            | <del></del>     |
| TELEPHONE Work:            | Home/Cell:  |  |               |              |            |                 |
|                            |   |  |               |              |            |                 |
| -                          | on approval from th   | e Rules of the School of Lav                               | w. I waive n  | ıy rights to | confidenti | ality which     |
| might otherwise apply.     |   |  |               |              |            |                 |
| Date:                      | _   | Signed:  |               |              |            | _               |
|                            |   |  |               |              |            |                 |
|                            |   | 1  |               |              |            |                 |
| Below this line Barry Univ |   | •  |               |              |            |                 |
| ( ) Approved               | ( ) Not Appro   | oved   |               |              |            |                 |
|                            |   |  |               |              |            |                 |
| Date                       | Faculty Signature   |  |               |              |            |                 |
|                            | (Required for Waive Prerequisite, Paper Deferment, and Some Course Changes) |  |               |              |            |                 |
|                            |   |  |               |              |            |                 |
| ( ) Approved               | ( ) Not Approved  |  |               |              |            |                 |
|                            |   |  |               |              |            |                 |
| Date                       |   | Associate Dean for Acad                                    | lemic Affair  | rs           |            |                 |
|                            | ☐ Associate Dean for Student Affairs  |  |               |              |            |                 |
|                            |   | Registrar  |               |              |            |                 |
|                            |   |  |               |              |            |                 |

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