REQUEST FOR COURSE VARIANCE

Important: In order to receive elective or concentration credit for a course not listed for MHS credit in the course catalog, submit this form to the MHS Administrative Offices in Calhoun 300. Requests will be reviewed by faculty on the first Tuesday of each month and the student will be notified of decision.

Student (full) name: ___________________________________________ Date: __________

<table>
<thead>
<tr>
<th>Course title:</th>
<th>Instructor name:</th>
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<tr>
<th>Course (Dept) Prefix</th>
<th>Course Number</th>
<th>Section Number</th>
<th>Semester taken</th>
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Provide the following information.

1. Attach a course syllabus.

2. Credit requested:
   - □ MHS Elective
   - □ MHS Concentration (specify): ________________________________

3. Explain why the course should count as an elective or concentration course:

   …………………………………………………………………………………………………………………

MHS USE ONLY

□ Approved
□ Not approved

Signature and date: _____________________________________________