Guidelines For Petitioning A Variance In Policy

Petitions for a variance in policy can be obtained from the Registration and Academic Counseling Offices and online at manchester.unh.edu/student/academic-advisors/forms. This petition form is used to request changes in your financial, administrative or academic status. Substantiating documentation, if appropriate for your request, should be appended to the petition when submitted.

Your reason for seeking a variance in policy should be clearly stated and all information requested must be supplied. When appropriate, support documentation (i.e., letters from employment supervisors, physicians’ recommendations, attorney statements, etc.) must be on official organization letterhead and appended to the petition. Without appropriate substantiating documentation your petition will be denied.

For any variance in policy request related to course registration (i.e., dropping a course, adding a course, changing from credit to audit or audit to credit) you must secure the signature and recommendation of the course instructor on the petition. If you are a UNH Manchester degree student (you have to be accepted for admission to a program at UNH Manchester leading to an Associate or Baccalaureate degree) you must also secure the signature and recommendation of your faculty advisor.

For any UNH Manchester degree student seeking a variance in policy related to graduation or a modification in your degree program, you must secure the signature and recommendation of your faculty advisor. You are also strongly encouraged to discuss your request with the UNH Manchester academic counselors.

All completed petitions with accompanying support documentation and necessary signatures should be submitted to the Academic Counseling Office where a recommendation is made for referral to the Associate Dean who serves on the Academic Standards and Advising Committee for the University. Financial requests are referred to the College's Financial Appeals Committee.

If you have any questions or concerns regarding the petitioning process, you may contact Dan Reagan, Associate Dean (641-4131) or Regina McCarthy, Assistant Dean (641-4142).

(Turn over for Petition for Variance in Policy form)
University Of New Hampshire At Manchester
Petition for Variance in Policy

WITHOUT APPROPRIATE SUBSTANTIATING DOCUMENTATION YOUR PETITION WILL BE DENIED.

Student ID #: ______/_____/_______                         Date: _______________________
Name: ____________________________    ____________________________    ____________________________
          Last                                       First                                                       Middle
Program: ☐ UNH Manchester               Local Address: ______________________________________
☐ UNH Durham  ☐ Cont. Educ.
City: __________________________________________
Option/Major ______________________________ State & Zip: _________________________________________
Telephone: __________________________________________

I request ____________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Reasons for this request
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

_________________________________________________________ Course __________________________________
____________________________________________________________________________________________________
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_________________________________________________________ Semester __________________________________
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_________________________________________________________ _________________________________________
 Reasons for this request _______________________________________________________________________________
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_________________________________________________________ ____________________________
 I request ____________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

_________________________________________________________ ____________________________
 Reasons for this request _______________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

________________________________________________                   Signature:  _________________________________________
 (attach additional pages if necessary) do not write below this line

____________________________________________________________________________________________________
Instructor’s/Advisor’s Comments:

____________________________________________________________________________________________________

Recommendation: ☐ approve  ☐ deny  Instructor’s/Advisor’s Signature __________________________ Date_______

____________________________________________________________________________________________________
Counselor’s Comments:

____________________________________________________________________________________________________

Recommendation: ☐ approve  ☐ deny  Counselor’s Signature __________________________ Date________

If this petition will impact your financial account:  ____________________________      ____________________________
Business Office                          Date       Financial Aid                                Date

____________________________________________________________________________________________________
____________________________________________________________________________________________________

action: ☐ approve  ☐ deny             __________________________

Dean/Administrative Officer Signature                                                                   Date

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