

# RULES FORM

Student Name \_\_\_\_\_ SID # \_\_\_\_\_ Year Matriculated \_\_\_\_\_

Program  M.Arch I  M.Arch II  M.E.D. Current Year  1  2  3 Date \_\_\_\_\_

**Request** (use only one request per form. For Independent Study requests, use separate Rules Independent Study Form)

**Course Waiver**

Course # \_\_\_\_\_ Course Name \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Study Area Coordinator

**Course Withdrawal**

Course # \_\_\_\_\_ Course Name \_\_\_\_\_

**Leave of Absence**

- Medical Leave of Absence
- Elective Leave of Absence

For the  Fall  Spring semester(s) of the \_\_\_\_\_ academic year

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Assistant Dean for Academic Affairs

**Variation of Normal Course Load**

Would like to take \_\_\_\_\_ course credits for the  Fall  Spring semester of the \_\_\_\_\_ academic year

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Assistant Dean for Academic Affairs

**Other** (specify below)

**Explanation of Request** (if more space is needed, attach additional page)

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Student Signature \_\_\_\_\_

**RULES COMMITTEE**

Meeting Date \_\_\_\_\_ Copy distribution  Rules  Registrar  Audit File  Student

**Final Action**  Approved  Disapproved  Hold For \_\_\_\_\_

Comments \_\_\_\_\_

Chairperson, Rules Committee \_\_\_\_\_ Date \_\_\_\_\_