



**VARIANCE REQUEST**  
***VIOLATION of the TWO ATTEMPT RULE (i.e. Request for 3rd ATTEMPT)***

From Undergraduate Announcements:  
NO student may EXCEED a maximum of two attempts, excluding a "W", to successfully complete any ECE course.

STUDENT NAME: Last _____			First _____			Middle _____			
CUID: _____		EMAIL: _____		@clemson.edu		GPA: _____		ADVISOR: _____	
MAJOR: <input type="checkbox"/> Electrical Engineering <input type="checkbox"/> Computer Engineering <input type="checkbox"/> Other _____									

TERM TO BE TAKEN: Year _____	SEMESTER: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
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1. ECE Course Number \_\_\_\_\_  
Term: \_\_\_\_\_ Grade: \_\_\_\_\_  
Term: \_\_\_\_\_ Grade: \_\_\_\_\_  
Professor: \_\_\_\_\_  
Professor: \_\_\_\_\_
2. ECE Course Number \_\_\_\_\_  
Term: \_\_\_\_\_ Grade: \_\_\_\_\_  
Term: \_\_\_\_\_ Grade: \_\_\_\_\_  
Professor: \_\_\_\_\_  
Professor: \_\_\_\_\_

**Justification:**

*FOR DEPARTMENTAL USE ONLY*  
*Authorization subject to the following conditions:*

1. <input type="checkbox"/> Granted	<input type="checkbox"/> Denied
2. <input type="checkbox"/> Granted	<input type="checkbox"/> Denied
3. <input type="checkbox"/> Granted	<input type="checkbox"/> Denied

*Requirements are established to satisfy accreditation quality criteria and are not to be waived for humanitarian reasons.*

***I understand and agree to the above***

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

\_\_\_\_\_  
Date

*In consultation with the members of the ECE Variance Committee, all members are in agreement to the above stipulations.*

\_\_\_\_\_  
Undergraduate Coordinator Signature

\_\_\_\_\_  
Date